ORAL HYGIENE

March 1933

A dentist located in a small town draws patients from a nearby city.

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The CLINIC PATIENT Speaks

HAVING spent the best part of the last three months on the anxious bench of a large dental clinic and in the dental chair itself, I arise burning with a desire to present the point of view of the occupant. I survive

own interests in mind, it might study to lift this odium by looking a bit to its clinical manners.

In the first place, the receiving clerk should have a voice. Few can their

WHAT PRICE CHARITY?

By Ross J. Weir, D. D. S.

I AM quite sure many of

"We cannot tea... people finan... sponsibi...

BARTER for Dental Services

By Joseph B. Jenkins, D. D. S.

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the toilworn farmer modestly offering the fruits of many hours of his labor—all that he has to offer—in part payment for a appreciated service of the

of barter can be degree, to every

DIET and some of its Dental Phases—III

PROTEINS

By L. J. Moriarty, D.D.S., and Katherine Carpenter Moriarty, B.A., B.S.

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The POWER Behind the Dentist as a Salesman

By George Wood Cla...

I ... would ...

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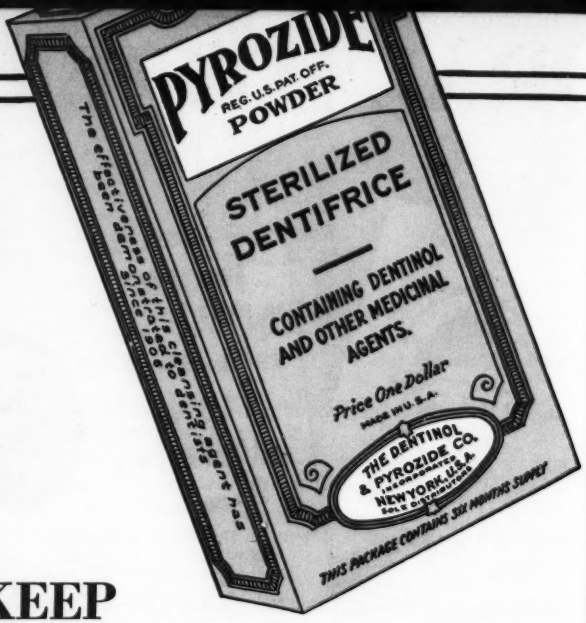

KEEP *the teeth* GUM-GRIPPED

No matter how perfect a tooth or how efficiently it has been repaired, if the tissues surrounding the root lose their grip, the tooth is lost. It stands to reason that when the tissues that hold the teeth in their sockets are weakened, the teeth loosen and are eventually lost. Strive for *gum-gripped* teeth, kept clean with safety, because they can be repaired as required and retained indefinitely.

It is advisable to keep teeth *gum-gripped* and repairable by using and suggesting that your patients use PYROZIDE. Its use stimulates healthy gums as well as soft, bleeding gums and it is a definite aid in keeping teeth *gum-gripped*.

In prescribing PYROZIDE for home use by patients you perform a professional service that they will appreciate. No patient is favorably impressed when told to "use any good dentifrice" and is thus left to guess which dentifrice will provide the best tooth protection. Prescribe PYROZIDE. Years of clinical experience and research clearly prove that it really aids in keeping teeth *gum-gripped*. This is an important factor in tooth preservation.

It's the gum-gripped teeth that can last a lifetime.

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AT ALL DRUGGISTS

THE DENTINOL & PYROZIDE CO., Inc.

Sole Distributors

1480 Broadway **New York, N. Y.**

THE

Publisher's

No. 140

CORNER

By MASS

LAST month this department curbed the impulse to print some extremely elegant letters from CORNER-customers who resented the criticism by the mysterious correspondent who sent that poison-pen postal.

Instead, another criticism was printed, a pretty bitter one written by Dr. Arnold J. Woodman of St. Louis—rather a justified criticism, too.

But now Dr. W. G. Campbell of Sunman, Indiana, insists that the case of the "lower-than-average" readers of the CORNER be given a hearing. So here's his letter. I love that windbag-windmill reference:

Sunman, Indiana

Mr. M. B. Massol
Oral Hygiene Publications
Pittsburgh, Pennsylvania

Dear Sir:

Verily, the man who first promulgated that ancient wheeze about it taking all kinds of

people to make a world spoke quite a mouthful.

This truth is forcefully brought to mind when one reads some of the harsh and unreasonable criticisms directed against the CORNER. The intolerant, selfish, "holier-than-thou" mental attitudes manifested in these letters—the desire to make all men conform to a single pattern—are seeds from which much of the evil harvest we now are reaping has sprung.

It is difficult for one in whose veins courses the blood of the Bruce and of the O'Neill to stand idly by, unheeding, while Freedom shrieks.

Your kind permission is, therefore, requested for the opportunity of addressing this group of willful men who would unthinkingly throttle the precious voice of Liberty.

To all CORNER-Knockers and those of like tendencies:

Gentlemen:

When the publisher of ORAL HYGIENE established a CORNER just within the entrance, but outside the body proper, of that magazine, where he could meet and exchange pleasantries with his guests, the readers, without intrusion upon the real affairs of the journal, he did a fine thing and it does not become any of us

to respond to that gesture of hospitality with unfair criticism. To do so reflects an attitude of mind not in keeping with the spirit of our profession.

Consider, then, the host's position before indulging in barbed comment; he cannot—were he so minded—reply in kind.

When you accuse him of taking advantage of his position as publisher to print that which is unworthy of publication, smile when you say it.

What's the difference how many pages he uses? It's his paper—and, as he has already pointed out—the CORNER takes up no space in the magazine; it is but an addition thereto.

To ask him to write something interesting and worth while is utterly unreasonable. That is too big an order. How is he to know what each of us would consider interesting and worth while? And what man could write intelligently about everything? It is not improbable that Charles Dickens and Noah Webster were both heckled with such demands.

The man is not a dentist, nor a mind-reader, nor a magician. He is just a publisher of dental magazines—and doing a fine job of it—with a talent for writing and the happy gift of—to use an expression redolent of the gay

nineties—airy persiflage; doing his brave best to make this triste old world pleasanter.

Naturally, he invites response, for that furnishes grist for his mill; but dull the point of your foil with the button of good humor, replace the acid in your soul with the milk of human kindness, and the outcome will be happier.

Now, all this is not to be construed as a defense of Mass; for, due to his skill, tact, and forbearance, his position is well-nigh impregnable.

Any serious attack upon him would be like tilting at a windbag—excuse the slip—windmill is the word. It is a plea uttered in behalf of that eternal trinity, Liberty, Truth, and Justice.

Mass has no inflated ego. Far from it. So modest and unassuming is he that he will be mightily surprised, and not a little embarrassed, when, on reading these lines, he learns how good he really is.

We—and that means many of us—like him just as he is; and he had better stay that way or he will be getting a lot of tough letters from his "lower than average" admirers.

Now, see if you can manage a grin!

—W. G. CAMPBELL, D.D.S.

ORAL HYGIENE

Registered in U.S. Patent Office
Registered Trade Mark, Great Britain

A Journal for Dentists

SURSUM CORDA

WHOEVER will take the open road fearlessly in all weathers, face up to life whatever befalls, shall find that truth is its treasure and joy its trophy. Once we get the habit of being brave we have come very near to the secret of happiness, if not of life itself; and perhaps it is courage that we need more than anything else just now. There is too much faintheartedness, too much despondency, too much tiresome talk about the collapse of civilization and the decay of the race.

In the old days the motto of the church, written over its doors and its altars, was *Sursum Corda*—"Lift up your hearts"; and that is the note we must strike again today, if only to defeat defeatism and the quiet desperation into which so many have fallen.—JOSEPH FORT NEWTON

Twenty-third Year **MARCH, 1933** **Vol. 23, No. 3**

PAIN *and the* Dental Practice

By
V. H. SPENSLEY, D.D.S.

A dentist located in a small town draws patients from a nearby city.

IT seems to be the lot of the greater portion of the human family to be afflicted with various forms of pain from the teeth—from the spasms in infants, incidental to the eruption of the deciduous teeth, until middle age, or later, when dentures replace the natural organs of mastication. The pain is not limited to natural conditions or infections in various forms, but the eradication of these troubles calls for operations which in themselves are so painful, if no anesthetic is used, that the sufferer procrastinates until the teeth are beyond repair, or until systemic conditions have become so involved that it is necessary to resort to surgical means to remove the offending members.

The case history of a young woman who was advised to live in the southwest to recover from tuberculosis, following an attack of influenza, tells the story better than would any hypothetical example.

Some time after her arrival, she called in a member of the dental profession to have him treat a putrescent upper central. As is usually the habit among dental surgeons in that part of the country, he not only treated the tooth, but he also inquired as to her general condition and found that her physician had discovered every sign of tuberculosis, except the bacteria themselves.

The dentist examined her mouth and found many teeth

with large amalgam fillings. She agreed to an x-ray examination which showed that nine of her teeth had apical abscesses involving two more teeth.

After much forceful advice on the part of the dentist and many tears and considerable condemnation of teeth and their treatment in general on the part of the patient, the infected teeth were removed and the areas of necrosis curetted.

The patient immediately began to improve, the signs of tuberculous infection gradually disappeared, and she returned to her home in Illinois, a comparatively well woman, where she has lived a happy, grateful life for the past twelve years.

This was a case of dread. The patient dreaded the operation incidental to the placing of a simple filling, and waited until the pulp was involved. She dreaded the extraction of the teeth and took what looked like the lesser of two evils, the greater being the removal of the pulps.

The real trouble started—and she finally acquired what looked like an advanced case of tuberculosis, with only a short time to live—mainly because of her dread of the pain connected with having her teeth cared for. The control of pain is a necessity, if for no other reason than to act as an inducement to have teeth attended to when the trouble is only incipient.

Pain has undoubtedly caused, through fear, the loss of untold numbers of teeth. It has been the lot of every dentist, with any experience, to see teeth beyond repair which he could have saved, if he had been given the opportunity to do so. How many patients tell how their toothache stopped when they arrived at the door of the dental office? Undoubtedly the aching tooth was beyond repair; but what about others in that mouth which had been subjected to the same systemic conditions, although the caries in them had not advanced quite so far? It goes without saying that by the time the patients finally scared up enough "nerve," many of them had one or more teeth requiring the forceps, which might have been saved at the previous visit.

There is another angle to the economic value of pain control in connection with teeth. I think that most of the profession will agree with me when I say it is nearly impossible to produce what we might term a perfect piece of work on a moving tooth. What is known as the finest workmanship, for instance, microscopic examination, watch making, engraving, etc., is done on stationary objects. How could an engraver do his work if his plate moved even the smallest fraction of an inch? Yet we try to do work even finer than some of that mentioned on a sore, live tooth, when we would not keep still if our own teeth were being repaired under the same circumstances.

It behooves us to make the teeth as immune to pain as possible and then apply the knowledge of dental anatomy, which

we are supposed to have, to keep from making undue pulp exposures. A patient would be far better off to suffer pain than to have a speed maniac or a careless dentist of any sort in charge of the handpiece of any dental engine. I have heard an operator brag about how short a length of time it took him to prepare a tooth for a three-quarter crown, and then removed the tooth myself in less than six months. There was no exposure —just an overheated tooth. The case was one of the prettiest pieces of bridgework I have ever seen, but it was still a failure. Possibly five or ten minutes more spent in preparation would have made it a success.

Under the head of economics, let us consider the economy of physical efficiency. When a person is suffering from pain, or even infection without pain, how can he possibly do his work in life to the best advantage? In the cases of secondary infection, where the primary infection is in the mouth, there are, without doubt, thousands of cases of one debility or another where the efficiency of the persons afflicted is greatly impaired. Even life has been lost before its holders had accomplished all that they might.

I suppose there are more techniques used in pain control than any operator could put into practice in some time. When one finds what he can do best, as far as results are concerned, then, that is what he should do, whether it is one technique or another, or a combination of several. Some prescribe an analgesic or a sedative a half hour before the appointment; others are able to inspire confidence by a certain magnetic personality; and still others have a deft manner of operation which dispels the dread we hear so much about. It has been my privilege many times to visit the office of the dental surgeon who is said to have the largest income from an individual dental practice in the United States. His work is not all done under a local anesthetic by any means. It takes more than that. We should do what we individually find necessary to accomplish the desired result. The main thing is, *do* it.

When we were young, most of us whiled away some valuable time running pins under the epidermis and out again, to the surprise and horror of the uninitiated. We took on the air of a Stoic, but that was all humbug because there was no pain attached.

The same principle can be applied to hypodermic injections. Lay the beveled side of the needle on the sterilized surface, insert it as we did the pins, inject a little solution, insert the needle a little farther, and so on, always keeping the solution a little ahead of the needle. It is surprising what can be done in the prevention of pain by this technique.

Before we can attain a high standard of surgical proficiency, we must overcome postoperative pain. Undoubtedly a great deal of pain is caused by unskillful surgical procedures, but even the

most careful operators cannot avoid it entirely.

Some dentists prescribe capsules containing three grains of aspirin, two grains of phenacetin, and one fifth grain of caffeine citrate. Taken hourly these capsules give a great deal of relief and do not have any evil effects.

There are several other conditions under which there is little or no postoperative pain, such as after a general anesthetic, when no local anesthetic is used, or in the case of some fortunate few who experience no postoperative pain, no matter what anesthetic is used.

If you will test a two per cent procaine solution, made with ordinary distilled water or Ringer solution, you will find it to be decidedly acid; in fact, it has about the same degree of acidity as acetic acid. If a patient has a certain alkaline reserve, he will be able to overcome the acidity of the solution, there will be no destruction of the tissue or blood cells and postoperative pain is nil. However, if the tissues are lacking in alkaline reserve, the solution causes hemolysis of the blood cells and postoperative pain ensues, when nature tries to make the necessary repair.

After the operation, it is too late to ascertain the tissue reaction. The logical thing to do is to prevent this reaction in as many cases as possible. Some good anti-acid which will reduce the acidity may be prescribed several days in advance. Or the dentist may prepare a procaine solution in which the procaine acidity has been buffered to prevent hemolysis. This seems like the most logical way, as it can be used at any time.

In blood chemistry we find several constituents which prevent cell destruction by an acid. They are the proteins, ammonia, and the mono- and di-basis carbonates and phosphates, of which the sodiums are the most common. In bacteriology solutions of both the mono- and di-basis sodium phosphates are used for diluting the Wright stain, which is used in staining blood when making a microscopic examination for the malarial parasite. By using this solution instead of distilled water, a slightly alkaline two per cent solution of procaine can be made which will not cause hemolysis of the blood cells. I find it to be greatly appreciated. It is nature's own preventive against cell destruction, so it is absolutely harmless. The procaine solution must be freshly made, but that is the only objection to it. The important thing is to prevent pain if possible, even though it takes a little extra time and effort.

It is logical to expect that, all other things being equal, the dentist who performs his services in a painless manner will eventually build a more lucrative practice than one who doesn't. The layman is not going to suffer unless he has to. In fact, some men who are not so careful about the quality of their service as they are about doing it as painlessly as possible seem to be able to acquire better paying practices than do some more

conscientious operators. Eventually, the former lose a certain amount, but they seem to go ahead.

Some dentists seem to lose sight of the importance of taking care of children's teeth in a careful and painless manner.

There is one old dentist in a large city who is today carrying on a successful practice comprised mostly of the children, now grown up, of his early clientele. His great secret was to gain their confidence. He would pretend to do something important at the first sitting and very carefully refrained from hurting them. They never forgot that one time it didn't hurt, even though a subsequent operation might have been painful. He never "fooled" them, but treated them firmly and carefully and they are still his patients. He was never a wizard, but he did work he can still view with a great degree of pleasure.

Another practice builder is to perform prophylactic treatments as carefully and painlessly as possible. A certain dentist located in a small town draws patients from the near-by larger cities because their mouths are more comfortable after he has cleaned their teeth than when others have done so. He handles his hand instruments and brushes very carefully, and then touches up the gingiva with flavored guaiacol and glycerine, and the hypersensitive hard surface areas with a desensitizer. The patients expect, realize, and appreciate the extra touch enough to travel the added distance.

It has been my pleasure to know and respect a fellow practitioner who will not under any circumstances do anything which will in any way be detrimental to his keeping "fit." His explanation is that his patients have a right to expect him to keep himself in the same condition that he keeps his equipment; they pay him for his best and it is up to him to be able to produce it. You can't do any better work with a dull brain than you can with a dull instrument. He is not a prude, but just a human being with a little more than the usual amount of common sense. He still maintains his friends and their entire respect by his attitude of keeping himself always fit, and at the same time by not condemning the other fellow for doing as *he* sees best. The class of patients who employ his services proves that his attitude is bound to count with the kind of people necessary to a successful practice. Some may say this has nothing to do with pain and its control with relation to teeth. It has a great deal to do with it because an operator with a keen mind and steady nerves is naturally better able to avoid causing pain than are the careless ones.

517 First National Bank Building
Albuquerque, New Mexico

The CLINIC PATIENT Speaks

HAVING spent the best part of the last three months on the anxious bench of a large dental clinic and in the dental chair itself, I rise burning with a desire to present the point of view of its occupant. I survived the removal of three impacted teeth, the extraction of an abscessed tooth, and endured the grinding ordeal of numerous fillings; hence, I speak with feeling and authority.

The clinic I attended is the child of a large dental college which strives to make its offspring self-supporting. I belong to the not inconsiderable ranks of those who are unable, at present, to pay prevailing rates of private practitioners, who can pay full clinic rates but are diffident about going to a clinic. We are surely good grist for the clinic's mill and, with its own interests in mind, it might study to lift this odium by looking a bit to its clinical manners.

In the first place, the receiving clerk should have a soft voice. Few care to take into their intimate confidence the queue of patients behind one and the mourners' benches filled with waiting patients before one. Those who make special arrangements about payment or are unable to pay at all do not care to have the fact published in brisk professional tones audible from one end of the clinic to the other.

I remember one deaf patient who came in grimly determined to grope his way through the maze of clinic routine by the trial and error method. He got in every wrong line, tried every wrong door, and the tumult and the shouting of getting him routed right had us all on edge; and nerves are at their shakiest

in the dental clinic. A little pad, a little pencil, and a little patience would have made such a difference.

Another time a patient bewildered by contradictory orders was feebly protesting, when the clerk abruptly tore up her registration slip and dismissed her. We all sat shaking in our shoes, a cowed clinic. For the unanswerable argument is the clerk's. If we chose to come to clinic we must dance the clinic's tune and no questions asked. I have known a patient to sit for three hours waiting in one department when, through a clerical error, she should have gone to another section. And the scolding she got for it! The clinic, like the king, can do no wrong and if a misguided patient turns up in the wrong pew it is clearly his own fault. A little of the milk of human kindness, even a dilute grade B, would be such a refreshing stimulant to the clinic frequenter. It is surprising how a loud voice can make cowards of us all!

I suppose it would be too much to ask, at clinic prices, if the nurses were urged to include in their professional attitude a little slant toward the humane. In the department of dental surgery, those who have just had local anesthesia sit in a long, apprehensive row waiting to be called to the operating room. Their nerves are taut as banjo strings; some are on the verge of hysteria. A bit of reassurance from the nurse who patrols the wretched ranks would do much to clear the overcharged atmosphere. I saw a patient obviously facing motherhood turn suddenly faint. She would have slipped heavily to the floor if her neighbor had not supported her. This might have been anticipated by an eye that saw patients as people and not just as cases cluttering up the clinic benches. It might be well for clinic nurses to cultivate such an eye.

For the dentists I have the highest praise but they too, in the press of work, are apt to forget the human equation. For instance, the retraction for my first impaction was, as the assistant frankly acknowledged, "fierce." My jaw was open at a most fatiguing angle and I gaped again and again for the benefit of the student group; nevertheless, after a sufficient peep into my mouth, the retraction was continued during the discussion of the case. I could well have been allowed a relaxed interval without a loss to dental science. The skin at the corner of my mouth still has a rashlike appearance due to that.

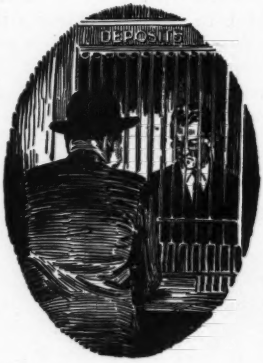
This unnecessary prolonging of retraction occurred again with the last impaction. This time I was quite forgotten in an animated discussion between assistant and operator about their financial affairs. Honors are even, perhaps, for what I know about them! Dentists in clinics should be cautioned against assuming that patients are deaf, dumb, and not quite

bright. There are possibilities for quaint coincidence.

I have an endearing memory of one student who worked on my fillings. You know that wicked little gadget with a rubber bulb, the end of which they stick in a gas flame and then blow a puff of hot vapor into your cavity? The dear boy tried it on his own wrist first, and said I to myself, "There's the making of a fine dentist in you, young fellow me lad, if the spirit of the clinic doesn't get you!"

ATLANTA ASSISTANTS TAKE COURSE

After observing that the dental offices using the most enthusiastic and intelligent office assistants were feeling the depression least, these dental assistants of Atlanta, Georgia, organized and took a course designed to give practical and technical information in assisting and in office management. This picture was taken on the night they studied the problems connected with children's dentistry.



"We cannot teach people financial responsibility by the cancellation of their debts. Charity has its place, but it can be abused.

"It is bad enough now, when the patient pays everybody else before he pays his doctor."

WHAT PRICE CHARITY?

By Ross J. Weir, D. D. S.

I AM quite sure that a great many of us have read, with interest, some items which have appeared in the newspapers within the last few months concerning the actions of certain business and professional men in cancelling the obligations of their debtors. I have just finished reading an article in a popular periodical eulogizing a small country storekeeper, in the corn belt, because he cancelled all the debts of his customers. Just the other day the news press of the entire country carried an item about an old physician who had cancelled some $80,000 owed him over a long length of time by his patients.

Now there is nothing new about a storekeeper having customers who cannot pay their bills, nor about any doctor who has rendered professional services for charity. We've all done it and will probably have more of it to do. The only thing new about it is the advertising. That,

I think, is the deplorable thing about it.

There is no doubt but that these old gentlemen meant well by their actions but before this sort of charity becomes much more fashionable, I think someone had better throw a monkey wrench into the machinery, or there won't be a doctor's bill in the whole country worth the paper it is written on. We are having a hard enough time now trying to collect a little for the credit that we have extended people in good faith, without having a bad example set for our debtors by well meaning, but misguided, creditors, whether they be nations, merchants, doctors, bakers, or candlestick makers.

If you want to cancel a debt, that's your business. From your own point of view it might be good policy or bad, but keep it under your hat and don't advertise it to the world. Why?

Well, in the first place we already have enough charity patients without advertising for more. The statements that the old doctor burned were probably ninety-nine per cent worthless anyway and should have been burned on the Q.T. a long time ago. The proper method for the burning of a mortgage, however, is by the debtor after the mortgage has been paid. The old doctor probably would never have collected but a very small percentage of them, while again some of his patients would undoubtedly have prospered and then have remembered him. The merchant was helped, in one way, for he immediately went on a cash basis, but the old doctor couldn't go on a strictly cash basis no matter how hard he tried. Some of his patients had good intentions; others were just professional deadbeats who had stung him once and he was just putting them back into a position where they could sting him again. As long as they owed him they at least stayed away from him and that was some help.

These bad accounts act as a constant reminder to us to be very careful about extending credit. We all have patients to whom we are glad to extend credit, because they are as good as gold, but we also have patients whom we know we can no longer trust.

The first duty of the physician or dentist is to relieve suffering, regardless of pay, but if we destroy the obligation to pay, we will soon be forced to the position where we can no longer extend credit to anyone, under any circumstances. It would be a sad world indeed if all the doctors were forced to adopt a *strictly cash* basis—worse for the patients than it would be for the doctors.

The old physician was not helping himself; neither was he helping his patients. He certainly was not helping his fellow practitioners. When you cancel your own bills remember that you are also, to some extent, cancelling the other fellow's. You make it harder for him to collect. It's hard enough to collect now without someone

making it harder. There are few of us who haven't a lot of slow, if not bad, accounts in our files. We have done a lot of work and have had quite a little expense in rendering these services to the public. On some of these accounts we will never collect a cent. A lot of us are monthly experiencing the difficulty of sending out statements from which we receive little, if any, response.

I venture to say that it is becoming increasingly difficult to collect our accounts just because some of these misguided people have advertised to the world that they have cancelled the debts of their debtors. I claim that it not only encourages the dead-beat, but that it breeds more dead-beats among patients who would otherwise make some attempt to pay their debts. This debt cancellation is contagious. The whole world has been at a standstill for months because people have been standing around hoping they wouldn't have to pay their debts.

It also encourages the patient who is "slow pay" for he gains the idea that all he has to do is to keep putting it off and finally the doctor will cancel or give up. *Charity that is advertised is not true charity!* If you want to cancel a debt just cancel and say nothing, or else get down to some kind of mutual basis with your patient so that the debt is satisfied without either of you being embarrassed by it. I fail to see where cancellation will aid either the doctor or the patient and much less the other fellows who are trying to get a little money now and then from people who should certainly pay their bills.

While we are talking about charity, let's take up another matter along the same line. I notice that because of the depression some of the dentists are offering their services in the operation of free clinics. A very noble idea, no doubt, but is it going to prove a blessing or a curse? Our associations have gone on record as unfavorable to the subsidizing of the profession, panel dentistry, public health insurance, etc.; but are not these free clinics just another step toward those very things? Would not panel dentistry be even superior to free clinics? I believe that the free clinics will in the end result in a curse to both the people and the profession.

I again ask, "Aren't we getting enough charity patients without advertising for more?"

Would I allow the poor down-and-outer with a toothache to go on suffering? No, of course not. The profession has always alleviated the sufferings of the poor. All of us have done more than our share of charity work, but we have never advertised it and I see no reason why we should now. I think we had better go ahead as we have in the past, instead of establishing free clinics and advertised charity, which, I believe, are rushing us toward subsidies. The free clinic that is established in the day of depression will become a publicly en-

dowed institution in the day of prosperity.

I believe, therefore, that it would be advisable for us as dentists, when we are approached by free clinic promoters, to take the stand that we are already doing our share of charity work and will continue doing so in our own offices.

Charity is a fine thing, a great virtue, but so is common honesty. We have been propagating and advertising charity so long and so earnestly that it is becoming a leech that is slowly but surely sapping the life blood of some other very important virtues. All we have to do to rob a man of all his sense of personal obligation, of initiative, of ambition, of responsibility, is just to keep on extending him charity. Sooner or later, no matter how strong a character he might be, he will not only lose interest in caring for himself, but will expect continued charity; and if it is not forthcoming he will think that he is greatly abused and not getting his just deserts.

A little more talk about cancellation and a little more charity and we won't have a person in the world that will make an obligation with any intention of keeping it. A few more free clinics and a few more doctors cancelling their accounts *publicly* and we won't have a doctor left who is not an object of charity.

This something-for-nothing business has gone too far. Our people need to be taught a little common honesty. *We need to realize that when we make an obligation it is our sacred duty to pay that obligation.* Otherwise, there can be no sound basis for the conduct of legitimate business and commerce. We cannot teach people financial responsibility by the cancellation of their debts. Charity has its place, but it can be abused.

It is bad enough now, when the patient pays everybody else before he pays his doctor. We've been trying for years to educate the people to pay their doctors' bills, and then, like children building houses in the sand, we take a skip and a run and kick into oblivion all the results of our labors.

2355 E. Evans Avenue
Denver, Colorado

Dr. T. N. Christian has resigned from the staff of *Oral Hygiene* and *The Dental Digest*.

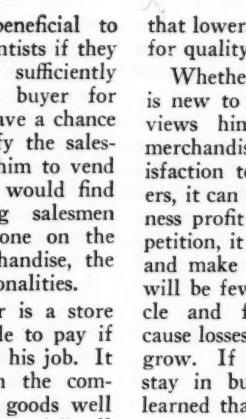
The POWER Behind *the* Dentist *as a* Salesman*

By GEORGE WOOD CLAPP, D.D.S.

IT would be beneficial to thousands of dentists if they could become sufficiently intimate with the buyer for some big store to have a chance to study and classify the salesmen who come to him to vend their wares. They would find themselves dividing salesmen into two groups: one on the basis of their merchandise, the other on their personalities.

Behind the buyer is a store which must be made to pay if the buyer is to keep his job. It is an old adage in the commercial world that goods well bought are half sold, and "well bought" in the kind of store the dentist should study does not mean that they have been obtained at a price that lowers the store's standards for quality.

Whether or not the salesman is new to the buyer, the buyer views him first through his merchandise. If that gives satisfaction to the store's customers, it can be sold at a fair business profit in the face of competition, it will hold old friends and make new ones, and there will be few returns of the article and few adjustments to cause losses where profits should grow. If the store desires to stay in business, it will have learned that merchandise which does not give satisfaction in use is finally unprofitable, however attractive it may have been superficially. If it is an article that is consumed, customers will be antagonized by unsatisfactory quality and will be lost to the store. If it is an article of wear, unsatis-



*This is the seventh of a series of articles dealing with salesmanship in dentistry. The eighth will appear next month. A summary of the previous articles will be found at the conclusion of this article.

factory quality will cause it to be returned and will involve arguments or money losses. No wonder the buyer sees the salesman first through the satisfaction his wares will give to the store's customers!

It might be thought that in times like these price would be the deciding factor. In order to decide about that, an interview was secured with a high official in a chain of great stores catering to the general public. The results of that interview may be summed up as follows:

When price has been lowered and quality maintained, the results have been very favorable to the salesman and his principals. Lowering quality below a satisfaction-giving level has not been profitable to the store, the salesman, or his principals. Those stores have come through best which have held unflinchingly to quality at as moderate a price as possible.

The dentist-observers would also learn to classify salesmen by their personalities, though this is more superficial than the classification by merchandise. There might be three bases for personality classification, as follows:

1. First and least important, appearance and manner. The salesman with the trick proposition is likely to be the last word in both of these. The buyer esteems a pleasing appearance and manner, but, if either is

In 3 Cities

"A superficial but sufficient scrutiny of about 7,000 dentists located in three cities covering a distance of about 150 miles was made from the point of view of this article. The question was: 'How capable are these dentists of rendering full denture service that ought to satisfy intelligent patients?'"

overdone, it puts him on guard.

2. Honest dealing. There are many firms whose reputation is such that the filling out of an exact order for them is merely a matter of form to insure identity of understanding. Sizes, count, weight, quality will be as represented. Mistakes, if made, will be gladly corrected. The salesman for merchandise sold on this plane usually finds an easy entrée. The wise salesman, having a job he desires to keep, makes no misrepresentation. He knows that it will be a boomerang and will get him a future "No" from the buyer when he needs a "Yes."

3. Knowledge of his goods and their sales story. This is the classification of men to which the dentist-observers should give intensive scrutiny. It is much more important than there is space to explain here, and we may make practical application of it to our own lives in the article next month. The wise salesman knows the origin, history, uses, and advantages of his merchandise. He knows how it has fitted into the sales plans of other stores, and he is fruitful of suggestions as to how it can be made to benefit the store he is trying to sell. He knows how it fits into the lives of consumers and out of that knowledge come his suggestions.

After a while the dentist-observers would have selected from the endless stream of salesmen some who would be continuously welcome because they offered merchandise or service constructive for the business of the store in a pleasing, honest, and helpful manner. These men would get repeat orders. To hundreds of others orders would be regularly refused.

We shall have space today to study only the merchandise which made the salesman's welcome possible.

What about the merchandise?

Before that particular article came into being, some one had a vision of how something could be better done so that it would be more constructive in the lives of users than the current thing or method. Between the vision and its successful incorporation into an article there were probably months or years of effort, drudgery, and apparent failure. Doctor Williams's vision of improved forms of artificial teeth came to him in 1905 and mine to me, independently, in 1908. Nine years of very hard work for him and six for me, four of them in which we worked together, lay between the visions and the first introduction.

When the article is offered commercially, it is painstakingly made, even when prosperity fills the place with orders. That is a high test of moral courage. The history of business abounds in the stories of articles well made while orders were few, but for which a little here and a little there is taken from quality when orders are plentiful. And, after a while, the place for that article knows it no more.

Suppose now that these dentist-observers take what they

have learned in the buyer's office back to their own profession and scrutinize a few thousand dental general practitioners as they have been scrutinizing salesmen. They will see the dentists through their service just as they saw salesmen through their merchandise, for they learned that it was satisfactory quality and service that secured repeat orders.

They will know that the big requirement for success in practice is a large number of patients who have received service that has met their needs and stood the test of use, at a price fair to all concerned. Because their time will not permit them to examine the whole field of dental practice, they may select prosthetic service as the most profitable form of general practice and in that field they may choose full denture service because the principles for which they are in search may be most easily discovered there. Please remember that they have not yet come to the study of dentists as salesmen. They are studying these dentists as denture-makers who are the power for good or ill behind the dentists as "denture salesmen."

Dental patients, regarded as buyers, ought to enjoy a degree of protection unknown in stores. Patients, generally, do not and cannot know much about what they are buying. They want to look well and be comfortable and probably hope to be able to eat. But of the intensive scrutiny that two women, shopping together, will give to the fabric, color, style, and sewing of a garment they are incapable. To compensate for this, they find on the dentist's wall a diploma from a reputable college and the license of an examining board established by the state for the patient's protection. These ought to guarantee that any patient can emerge from that office with what he should have in the way of service.

Remember that we are dealing with the dentist as the power behind the salesman and not as the salesman and in that way we are getting at grips with the things he does and not with what he says. And, believe me, there is a difference!

How competent is the average dentist as a denture-producer and thus the power behind the dentist as a salesman of denture service?

A superficial but sufficient scrutiny of about 7,000 dentists located in three cities covering a distance of about 150 miles was made from the point of view of this article. The question was: "How capable are these dentists of rendering full denture service that ought to satisfy intelligent patients?" Price was not considered. About 2,000 of these dentists did not make dentures or had their own technicians or some special arrangement with a laboratory. That left about 5,000 who made dentures whenever they got a chance.

There are no well-defined or generally accepted standards of excellence in full denture service, so, in order to answer the

question intelligently, it was necessary to set up some. The following seem reasonable:

1. The dentures should restore facial dimensions and contours at least reasonably well.

2. They should be pleasing in appearance when the lips are parted.

3. They should be comfortable, fairly stable in position, and capable of mastication by something more than a straight open-and-shut movement.

Just as the making of merchandise which secured repeat orders for the salesmen who visited the stores required knowledge and equipment on the part of the manufacturer, so the making of such dentures required knowledge, skill, and equipment on the part of the dentists.

Let me summarize here a report which might well be longer. Forty-eight hundred of these 5,000 dentists made no visible effort to restore facial dimensions and contours. About the same number apparently did not know or did not care anything about making the dentures pleasing, when the lips were parted, by using appropriate tooth forms, sizes, colors, and arrangement. About 4,000 of them took impressions and what they called "bites" that did not give the dentures even a fair chance for comfort and stability. Forty-nine hundred would not pay for an arrangement of the teeth that permitted mastication by anything except an open-and-shut motion.

No claim is made that these dentists are representative of the profession as a whole. I know cities and groups where I am sure conditions are better. I know some where I believe they are worse.

Men who make a business of buying for stores have their own groups and societies in which they exchange experiences. Oftentimes the reputation of an article or a salesman is made or lost by the comment in such a group.

Patients exchange confidences. Is there any reason why patients who received denture service from 4,900 of these 5,000 dentists should transmit information creditable to dentistry as a profession or to the individual dentist?

220 West 42 Street
New York, New York

SUMMARY
OF PREVIOUS ARTICLES

The dentist is using the proper kind of salesmanship when he proposes dental service that meets the patient's status.

The dentist has his personality and his service to sell, and he must sell himself before he can sell his service.

The young dentist enters practice without commercial preparation and without tested knowledge of his fitness to succeed.

Salesmanship makes it possible for a man to become a better dentist and of greater benefit to his patients.

The dentist who is busy today has met present economic conditions by adjusting his fees and the methods by which his patients pay him.

Salesmanship is important to the public because it imparts good health information in an understandable and persuasive form.

PEAKS *and* POKES

By FRANK A. DUNN, D. D. S.

I hate those birds
Who ballyhoo
With fifty words
Where five would do.

His head I'd bat
And gladly dent
Who makes a chat
An argument.

His nose I'd pull
With glad huzzas
Whose talk is full
Of ah—ah—ahs.

Tut-tut and pooh
And booby prize
For creature who
Is full of "Whys?"

On him I'd land
And come to grips
Who talks with hand
Around his lips.

His face I'd biff
And give a push
Who talks as if
His words were mush.

I hate the squawk
Of that man who
Will start to talk
Before I'm through.

O, I could skin
Alive that wretch
Who talks ten min-
Utes at a stretch!

Down deep in hell
I hope he goes
Who talks to tell
Me what he knows.

I am his foe,
He pains my ear,
Who talks so low
I barely hear.

Those loud mouthed birds
I cannot bear
Who *shout* their words
No matter where.

To tender ear
What aches he brings
Who says *these here*
And *them there* things.

Who wouldn't shun
That man who beefs
And pours on one
His aches and griefs?

With joy and more
I'd tomahawk
That windy bore
Who hogs the talk.

BARTER *for* Dental Services

By JOSEPH B. JENKINS, D. D. S.

THE character study by Frederick from the December issue of ORAL HYGIENE, reproduced on the opposite page, illustrates an occurrence quite familiar to thousands of dentists in this country, and one that will be familiar to many thousands more of us before the present economic breakdown has been repaired. Here is illustrated one of the answers to the present deadlock between a "watchful waiting" dental profession and a suffering public.

Frederick cleverly represents a thin-shanked, underfed dentist facing a "horny-handed son of toil," who hopefully offers a large basket of apples and a plump dressed turkey "as part payment on my bridgework."

Here is barter, the birth of commerce, mutual exchange of commodities on a cash basis, and trade is born.

And why not? If the dentist were offered cash instead would he not exchange it for the very commodities the farmer is offering—with the additional profit of the middlemen?

Only we dentists who sprang from the soil can fully appreciate the pathos of this picture; the toilworn farmer modestly offering the fruits of many hours of his labor—all that he has to offer—in part payment for a much appreciated service of the dentist.

This plan of barter can be pursued, to a limited degree, to the mutual advantage of everyone. We have, in the past year, profitably exchanged dental services for painting, paperhanging, lawn and garden work, plumbing and printing, gasoline, and laundry service. Many of my friends have gladly exchanged for a winter's supply of preserved fruits and canned vegetables, a dressed pig, a quarter of prime beef, poultry and dairy products. These supplies were obtained from patients whose health and comfort required dental services which otherwise would have been denied them.

In this panic the one and only thing lacking is a circulating medium, money, legal tender, cash. There are on the one hand the services and the commodities; on the other, the inclination to buy. The public is acutely aware of the comfort, economy, and health value of good dentistry, and is willing to pur-

"My wife says, 'Will you take these in part payment on my bridgework?'"

chase it. But with three fifths of the money in the hands of two per cent of the people, the ninety-eight per cent must forego the advantages of dental service while the dentist waits and waits for the patient who never comes. Some plan must be devised to meet this situation.

Dental practices are off from forty to seventy-five per cent. Thousands of dentally minded citizens desire dental services and have no money, but possess a large unused surplus of services or goods which they are willing, but unable, to exchange for money. Dentists, in turn, have on their hands hundreds of unused hours of valuable time going to waste, time which can never be retrieved—water gone over the dam — time which could profitably be bartered for those commodities which he

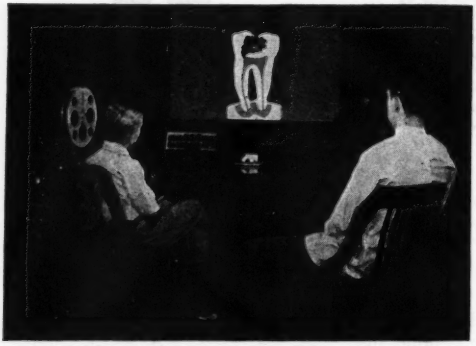
needs and would buy if he but possessed the cash.

Just now, our profession carries a moral obligation that requires us to see our people through this disgraceful economic debacle, and no reasonable offer from our old-time patients who spent their cash with us in good times should be spurned now, provided they can do no better.

In this picture we do not know what the dentist's rejoinder is to such a business proposition, but if this scene were enacted in a large and rapidly growing number of dental offices, the reply would be something like this: "Why certainly, Mr. Farmer, I'm glad to allow you as much for the apples and turkey as I would pay the grocer, which is more than he would pay you, if, indeed, he bought them at all. I much prefer to patronize those who patronize me. Here's a receipt for part payment on your bill. Just drive around to my house and deliver them at the back door."

Medical Arts Building
Oklahoma City, Oklahoma

VISUAL INSTRUCTION



A scene from the film, "Ask Your Dentist," is shown here. The boy has just asked Dr. Early Care the cause of cavities in teeth and their effect upon the rest of the body. Doctor Care is answering his question with pictures, models, x-rays, and explanation.

Dr. Thomas B. McCrum, Kansas City, Missouri, who advocates teaching the value of dentistry and dental care by visual instruction, will be glad to furnish more information.

DIET *and some of its* Dental Phases—III

PROTEINS

By L. J. MORIARTY, D. D. S., *and*
KATHERINE CARPENTER MORIARTY, B. A., B. S.

WHILE carbohydrates and fats are the chief sources of energy, proteins are the chief constituents of the active tissues of man. All the organic constituents of the muscles and the protoplasm of plant and animal cells which contain nitrogen are called proteins. Plants build proteins from inorganic materials of the soil and air; animals depend upon plant proteins to build animal protein. Proteins are necessary ingredients of human foods. Further, no life without proteins is known.

All proteins fall into the amino-acid group and all typical proteins contain approximately 55 per cent carbon, 23 per cent oxygen, 18 per cent nitrogen, 7 per cent hydrogen, and 2 per cent sulphur. They are soluble in water and in the weak acids and alkalies, but not in fat solvents.

Some of the foods that are rich in proteins are eggs, milk, cheese, fish, fowl, and all lean animal meats. The legumes rich in proteins are beans, peas, lentils, peanuts, and most of the nuts. The cereal grains, although classed as carbohydrate foods, are also fairly rich in proteins as they are about 12 per cent protein.

Comparisons of the protein content of natural food materials show results that may be influenced by other food constituents, such as the minerals and vitamins. However, the differing efficiencies ascribed to milk, eggs, and the cereal proteins are possibly due to some extent to differences in their chemical composition or amino-acid make-up.

Some writers treat the milling of cereal grains and the losses incurred as of no consequence on the ground that the prevalent mixed diets of the people of this country prevent any danger of the deficiency diseases. This is probably true with regard to the pronounced diseases, such as beri-beri, but it is also true that the average American diet shows a very small margin of safety in minerals, calcium, phosphorus, iron, and vitamins. The whole grain cereals should, therefore, be

used whenever possible instead of the refined flour products.

The proteins are digested by the pepsin of the gastric juice, the trypsin of the pancreatic juice, and the erepsin of the intestinal juices. The resulting amino-acids pass through the intestinal wall into the portal vein unchanged, are carried through the liver into the general circulation, and are rapidly absorbed by the various tissues. As these tissues are used some of the amino-acids are broken down and form ammonia and urea which are eliminated, for the most part, through the kidneys and skin.

It has been found by experiment that if a meal overly rich in protein is fed, an increased elimination of nitrogenous end-products can be observed within two or three hours, and the excess is eliminated within twenty-four hours.

The body is capable of changing proteins into carbohydrates. This has been found to be true in diabetes, and it is very probable that one half of the protein consumed is converted into carbohydrate for energy. Part of this is stored in the liver as glycogen.

The proteins are in the acid forming group of foods and have, therefore, some effect upon the alkali reserve of the blood and body. The excess acids formed from the proteins combine with the alkali base in the blood and in this manner the balance is upset. A high protein diet calls for a corresponding increase in the alkali forming foods and minerals to furnish enough alkali, or hydroxide radical, to neutralize the excessive acid, or hydrogen radical.

The surplus acid phosphate must be excreted, thus altering the ratio of sodium and potassium phosphate in the urine. The acids are neutralized by the sodium and potassium carbonates in the blood. An increase of ammonia and acidity of the urine is considered an unfavorable sign.

It has been found that the hydroxyl radical of the blood shows a tension measurement of about 37 mm. while on a diet rich in protein; about 38 mm. on an ordinary diet; and about 43 mm. on a vegetarian diet. These findings indicate that, in order to avoid acidosis—which very probably has an influence upon dental caries—the diet should contain a goodly number of vegetables. Legumes—which contain a high percentage of protein—are more readily digested when eaten in the green state and are, therefore, to be preferred to the dried.

Since much of the protein ingested is in the form of meat, a word or two of caution about meat is not amiss here.

The use of an excessive amount of meat, especially by persons of sedentary habits and indoor occupations, tends toward excessive putrefaction of the waste products and the absorption of these products by the body. It is clear that this absorption is detrimental to the health as it has a bad effect

upon the red blood cells and the iron economy of the body.

Improperly prepared meats also present hazards. Over 5 per cent of all pork is infected with trichina and as there is no apparent effective cure for this disease, all pork products should be thoroughly cooked. Beef is often the source of tapeworm and should, therefore, be cooked enough to destroy the larvae of the parasite. However, all meats obtained from reliable sources have been government inspected and are thus protected against infections.

Ptomaine poisoning is caused by food, particularly by proteins, that has been attacked by putrefactive bacteria and is partially spoiled. The best protections against ptomaine are proper refrigeration and cooking. All questionable foods—vegetables and canned foods of the legume class particularly, as well as meat—should be discarded.

East Kemp Avenue
Watertown, South Dakota

DENTAL DIGEST STARTS NEW SERVICE FOR READERS

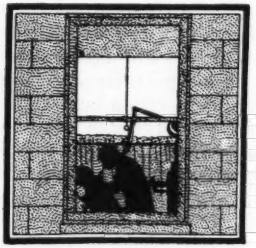
The Dental Digest, now an Oral Hygiene Publication, last month started publishing a series of large charts in full color, which may be removed from the magazine and used for visual education of the patient.

The first chart, in February *Digest,* carries a large, full color illustration, showing details of thirty-one different dental conditions. The mouth and teeth are shown larger than lifesize; each condition is clearly illustrated in colors.

ORAL HYGIENE'S success in distributing Dr. J. B. Jenkins' series, "Showing the Patient," some time ago, indicated that material of this character is wanted.

Dr. Samuel D. Harris of Detroit contributed the February *Digest* chart; the drawing was made by Melville Steinfels, *Digest* staff-artist.

OFFICE SILHOUETTES



NOTE: These brief pen pictures will be exactly what their title states. Sometimes, actual names will be used; at other times, for obvious reasons, fictitious names will be used; or names will be omitted entirely. In no case, however, will any liberties be taken with *facts;* they will always be *exactly as stated.*

●

100 Per Cent

"JUST what has been your diet?"

"Oh! whatever I like," she said. "For breakfast I have coffee with plenty of sugar and cream, a dish of oatmeal *also* with plenty of sugar and cream, perhaps some toast and jam. For lunch, pie or cake and more coffee. For dinner — about the usual thing—you know—a meat order, potatoes, perhaps a vegetable and a salad — though I don't like salads very well so I don't eat them as much as I *should*—but I loathe nearly *all* vegetables, so I try and take a salad as often as I can. Then the dessert—I'm awfully fond of desserts — the rich ones — gooey — you know the kind I mean?"

"Yes! Yes! Go on! What do you eat for a snack before going to bed? I suppose *that* is when you indulge in fruit—oranges—apples—"

"Oh, I *never* eat those things! At night it's *always* candy. Especially chocolate creams. I just *love* to get a good problem novel and a box of chocolates—only a pound, *maybe* only *half* a pound and settle myself down for a *lovely* evening! Perhaps I *won't* finish the book, but, believe me, the candy has never been known to live through the night!"

"And according to my records you come in here about every two or three years!"

"Yes, I've *been* doing that *recently* — you see, I'm really *trying* to take care of my teeth *now*! But until after I was twenty-five I had never seen the inside of a dentist's office, and had never even owned a toothbrush!"

"I won't ask you how old

you are—I know near enough for all practical purposes without asking — you'll never see fifty." She smiled complacently and let the matter pass.

The doctor continued: "People like you make us want to burn our textbooks, throw away our instruments, utter one hoarse cry of defeat, and go jump in the lake.

"Your teeth are irregular—which predisposes them to decay in the first place. You never gave them *any* care as a child or as an adolescent. Your diet has been plainly deficient and unbalanced; you visit a dentist's office — even yet — at intervals far too infrequent. You are past the meridian of life and as a reward for all these dental sins of omission and commission, you should now be a practically toothless old woman. Instead, you have never had a *single cavity* in any tooth in your mouth. You have no tartar of an injurious nature; your teeth and gums are as sound and fine as any I have ever seen in my life —and I've lived a long time and seen so many thousands of sets of teeth that I can't even estimate the total number.

"If it were not for you and a very few others *like* you, it would be possible for *me* to think that we *knew* the answer. But the terrible part of the thing is that *nothing* is explained —no *law* is really discovered— until *you* are explained, and we understand the mysterious something in your bodily functioning which has kept *your* teeth for an entire lifetime free from decay *in spite of everything*. I'm *glad* for you, but I'm sorry for myself and all the rest of us. We know so very little.

"Good-bye! Come in again in a couple of years—though, of course, it won't be really necessary—it will just keep *me* from getting the idea that I know why people's teeth decay. *You* are 100 per cent immune to dental caries, which is the closest approximation to a universal disease that humanity has ever known. *Why* are you immune? *What* has held caries permanently at bay in your mouth all these years? As yet, *nobody* knows."

—*Arthur G. Smith*

NEW DEPARTMENT IN AN OLD JOURNAL

In keeping with its belief that dentistry is not dentistry but stomatology, *Clinical Medicine and Surgery* is inaugurating a Stomatological Department under the editorship of Dr. Alfred J. Asgis.

ORAL HYGIENE recognizes the significance of this movement on the part of this highly esteemed medical journal. All such actions tend definitely to bring us all into closer understanding; to enhance in every way those feelings of comradeship and brotherhood which are so desirable in all branches of the healing arts.

Conducted by CHAS. W. BARTON

INTERNATIONAL ORAL HYGIENE

THE SECRETS OF SECRETIONS

In a thesis published in Paris and reported in *Annales Belges de Stomatologie*, Dr. A. P. Ferrier surveys the influence of the endocrine glands on the teeth. The tooth, states Doctor Ferrier, participates in the general morphogenesis and growth of the body at the time of the formation of the tooth germ and of its eruption. When the tooth has taken its place in the dental arch, it is subject, via the dental pulp, to all changes within the body (calcium and phosphorus metabolism). In this manner the glands of internal secretion play an important rôle in the life of the teeth. Laboratory and clinical investigations lead to the following conclusions: In *hypothyroidism of children* there results a very marked delay in dentition; a high incidence of caries of the temporary teeth, and a normal and healthy second dentition if treatment is given early enough; malformations of the teeth (small, irregularly placed, and sometimes atrophied) and the maxilla (narrow roof, deficient development). *In adults, hypothyroidism* leads to periclasia, gingivitis, and premature loss of teeth. *Hyperthyroidism* is the cause of precocious dentition, exaggerated development of the tooth crowns, the formation of bluish-white, lustrous, small, thin, and

transparent teeth; intense decalcification as a result of exaggerated metabolic (catabolic?) processes; multiple and deep decay, a sequela of decalcification.

The *parathyroid* gland seems to play an important rôle in calcium metabolism. In infantile tetany a hypofunction of this gland exists. Some authors report alterations in the enamel of the teeth. Erdheim produced in laboratory animals, after parathyroidectomy, lesions on the incisors which seem to be due to insufficient calcification of the enamel.

Hypothymia (dysfunction of the thymus gland) provokes a delay in dentition; susceptibility to brittleness and caries; milky white teeth, festooned at the incisal edge, at times in semilunar shape.

Hypopituitarism is the cause of a distinct delay in dentition; deficient mandibular development with prognathism of the maxilla; small buccal cavity; overlapping of teeth and narrow palate; malformations, particularly in the incisors. Prenatal disturbance in pituitary function leads to delay in the eruption of the six-year molars. In *hyperpituitarism* the lips are thickened, prognathism of the mandible and wide spacing of teeth accompany malocclusion of the long, large, and bulky teeth which show a greyish yellow color. It would appear that disturbances in the function of the hypophyses affect in particular the incisor teeth.

The hypofunction of the *suprarenal glands*, on the other hand, affect adversely the eruption of temporary and permanent canine teeth, delaying their appearance and leading to malformation. A brown pigmentation of lips and oral mucosa is accompanied, in cases of Addison's disease, by multiple decay of the teeth. A hyperfunction of the adrenal glands causes the premature eruption of teeth, with long, strong, and very pointed cuspids. The teeth are highly calcified and yellowish color and there is a reddish tint on the cusps of the molar teeth.

In inadequate function of the *gonads* the lateral incisors are underdeveloped or altogether absent, the other teeth being also much smaller than normal. Menstruation and pregnancy expose to multiple caries, menopause to periodontoclasia.

Doctor Ferrier draws from the above observations the practical conclusion that in cases of erosion the dentist should investigate the possibility of hereditary syphilis. In multiple caries all the necessary therapeutic measures should be taken that will insure the fixation of a sufficient amount of calcium, such as phosphates, endocrine extracts, irradiated sterols, ultraviolet rays.

●

DENTINE

It is more or less generally assumed that the dentine of human teeth is not supplied by nerve fibers and that sensation is transmitted to the pulp through the intermediary of protoplasmic extensions in the

dentinal tubuli. Dr. Vernon T. Sealey, of Melbourne, publishes a preliminary paper on the innervation of the dentine in *The Australian Journal of Dentistry*. By new and ingenious methods of investigation Doctor Sealey has been able to show that nerve fibers do actually enter the dentinal canals. The morphology of these fibers is identical with that of nerve fibers in the pulp, but whether they are nerve fibers remains to be definitely proved, and further work is being carried out. So far it can be said that nerve fibers have been traced through the pulp, their fine divisions through the odontoblastic layer, and finally their entry into the dentinal canals. The proof has not been by drawings, which are always unsatisfactory, but by serially complete, unretouched photomicrographs, and show to be an actual fact what hitherto has been merely hypothesis.

Definite confirmation of Doctor Sealey's findings will, no doubt, contribute a great deal toward a more rational and scientific formulary of the many desensitizers, some of which kill sensation because they kill nerves.

THE INNER SECRET OF DENTAL DECAY

The much debated question as to whether dental caries is the result of the external attacks of acid saliva or the result of an internal decalcification of the hard tooth structures has received new material for discussion in a series of experiments carried out by Professor Umberto Saraval, of Venice, and reported in *Rivista Italiana di Stomatologia*. This, by the way, is a new and very worthy addition to the dental literature of the world, begun under the management of Dr. Alessandro Arlotta.

The author has investigated the alkaline reserve of people suffering from dental decay. While it was to be expected that such examinations would show the reserve of blood alkali to be below normal—as indeed it was found to be—the surprising discovery was also made that the acidity of the saliva in such patients is quite normal. Therefore, acid saliva cannot be a factor in the etiology of dental decay.

CHANGE OF MEETING PLACE

The future scientific meetings of the prosthodontia section of the First District Dental Society of New York City, will be held at the Hotel Pennsylvania, 7th avenue and 33rd street, New York City.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

REMOVING MERCUROCHROME STAINS

Q.—What can I use to remove mercurochrome stains from the pulp chamber of a tooth? —T.R.S.

A.—On cutaneous surfaces, mercurochrome is removed best with ordinary water, but from the pulp chamber of a tooth I suspect you ought to use acid alcohol. I am not sure that you can get the stain out.—GEORGE R. WARNER

●

A CASE OF EMPHYSEMA

Q.—Not long ago I injected novocain for the extraction of the upper right third molar and the upper left second molar. The third molar was extracted without trouble. I encountered some difficulty with the opposite molar and had to use force. Finally the tooth came out. The molar was of a type that I had not seen before, being a four-rooted tooth. It did not show any apical abscess, but with it came a rather large portion of the alveolar process.

Immediately after the extraction the patient complained that his face was swelling. As soon as he had finished rinsing, I examined this swelling. The entire side of his face was affected—so much so that even the eye was closed. There was no discoloration or pain.

I had never had this occur in practice and was at a loss to diagnose the condition. I advised my patient to go home, apply ice packs, and report the next day. The swelling was down the second day and the patient did not suffer any discomfort. On the fourth day af-

ter the extractions there were still signs of the swelling although it was gradually disappearing. Can you tell me what occurred and why?—N.M.S.

A.—It appears to me that the condition which developed after the extraction of the maxillary left second molar was an emphysema. While this condition occurs only occasionally in dental surgery it is quite common in nasal surgery, and while it looks rather serious it is not, as a matter of fact, at all serious. It usually subsides of itself within a short time and, as far as I can learn, there are no bad after effects. I don't believe anyone knows just why an emphysema occurs in a given case and not in others of similar nature.—GEORGE R. WARNER

●

DENTAL EROSION

Q.—One of my patients—a fine, healthy man, forty years old—has some badly eroded teeth. He has all his teeth, gives them scrupulous care, and his gums are healthy, but from end to end bite, all teeth show wear on the cusps.

Five years ago his teeth showed no erosion, but now it is quite bad. Two plastics were placed on cuspids by another dentist, and from these the condition has spread in all directions.

Is there anything that I can do to prevent or repair the damage?—W.L.N.

A.—While erosion is a very common condition we as yet know little if anything about the cause and treatment. This problem is now under consideration by research men and we trust that in the not very distant future we will be able to handle this condition in an intelligent manner.

At the present time there is no conclusive evidence that it is caused by the manner of toothbrushing or the dentifrice which is used, nor can we definitely associate it with health conditions. It is our plan to let this condition drift along and then we insert a porcelain inlay. This usually stays the process for a few years and when it gets beyond this point we resort to porcelain jacket crowns.—GEORGE R. WARNER

●

PARESTHESIA

Q.—A man about forty years of age came to me for the extraction of his lower teeth, his first extractions for about four years. For some time he had been experiencing a sensation in his lower lip similar to that produced by novocain but not so pronounced. The teeth from bicuspid to bicuspid had all been crowned and there was some gingival irritation.

Since the removal of the teeth and the insertion of a lower plate, the tingling sensation is not so pronounced except for a short time upon arising.

Can you suggest the reason for this feeling?—M.C.H.

A.—This sounds like a paresthesia which might be the result

of an injury to the inferior dental nerve at the time of the extraction possibly of an impacted third molar. There is probably nothing that you or the patient can do about it but wait and hope that nature will gradually bring about a recovery from the injury to the nerve, whatever may have been the cause.—V. C. SMEDLEY

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TREATMENT FOR DRY SOCKETS

I have noticed many articles in ORAL HYGIENE about dry sockets and their cause and treatment.

The direct cause in most cases is usually a low white corpuscle count. The socket should be irrigated daily and packed with a salve consisting of gentian violet, calcium lactate, and parathesin. The treatment should be continued until healing—which will be very slow because of the low white corpuscle count — takes place. — J.G.J.

●

EXTRACTIONS DURING PREGNANCY

Q. — What ill effects can result from extractions made during pregnancy? Is there possibility of a miscarriage, and is there danger of excessive hemorrhage? Would you advise calcium lactate as a precaution? How late in pregnancy is it safe to extract teeth that do not respond to palliative treatment?—A.G.D.

A.—It seems to be the consensus of opinion that extraction of teeth, when indicated by the presence of pain or sepsis, is less dangerous in pregnancy than suffering the pain or retaining the septic tooth.

I have been practicing since 1898, have always done necessary dental work of whatever nature during pregnancy, and have never known of a miscarriage resulting from such dental services.

It has been my practice to avoid long or painful operations, and operations near the fourth and seventh month of pregnancy.

There should be no danger of excessive hemorrhage at this time, so there would be no need of calcium lactate premedication.—GEORGE R. WARNER

●

INDEX TO CLIPPINGS

Q.—For several years I have been clipping articles which have been of particular interest to me from various dental journals. These articles have been placed in letter-size filing folders, each folder headed with the subject, as Prosthodontia, Radiodontia, Pedodontia, etc.

While this method partially locates my material, still it is not quite adequate because it is not possible to remember exactly the details in each folder. Therefore, I have about decided to list the contents of my folders, as well as treatments, techniques, etc., followed in various of my textbooks, on small cards. My purpose is to

have at my fingertips all that I have found useful in ordinary and special cases by selecting the proper card containing all references to the subject.

It seems to me that the simplest method is to use one set of alphabetical index cards and under each letter place a card headed with the subject and carrying notes on that article. E.g.: under A would be cards headed apicoectomy; allonal; anesthetics (local); etc. Under G would be gold inlays (operative); gold inlays (C & B); etc.

Before I put this plan into operation I would like your advice. In your opinion, is it a simple, efficient plan, or can you suggest a more accurate, simple procedure?—J.B.

A.—Before answering your question, allow me to congratulate you on your interest and energy in clipping and filing articles of special interest to you.

Some of my friends keep a card index of articles which they have read, with specific directions as to where they can be found.

I have depended on the "Index of Periodical Dental Literature" which is complete in every detail, but lacks the personal element.

Inasmuch as you are indexing what you have read and for your own use, it seems to me that your plan is simple, effective, and adequate. — GEORGE R. WARNER

DISLOCATION OF THE JAW

May I call attention to the etiology and treatment of recurrent dislocation of the jaw, termed mandibular disarthrosis in the June, 1932, issue of *The Dental Cosmos*?

Your answer to P.K.T.* is incorrect. The capsule is not torn. The ligaments may be relaxed by the approximation of their attachments. The treatment you recommended is symptomatic. A careful diagnosis may reveal a closed bite, malocclusion, or the loss of the posterior component of mastication.

Treatment consists of the correction of the bite, or malocclusion, or the replacement of the missing teeth with a repositioning of the mandible to reestablish the normal condylar-glenoid relationships of the mandibular articulations. The treatment is indicated in order to prevent the incidence or progress of the reflex symptoms associated with mandibular disarthrosis. They are deafness, tinnitus aurium, defective speech, and tonic chronic spasm of the external pterygoid muscles.—D.J.G.

Thanks very much for your contribution. I do not see that my answer to P.K.T. is necessarily "incorrect," but you have certainly gone into this subject more thoroughly and scientifically than I. — V. C. SMEDLEY

*ORAL HYGIENE, September, 1932, p. 1685.

Tempus FUGIT

Twenty years ago
this month.

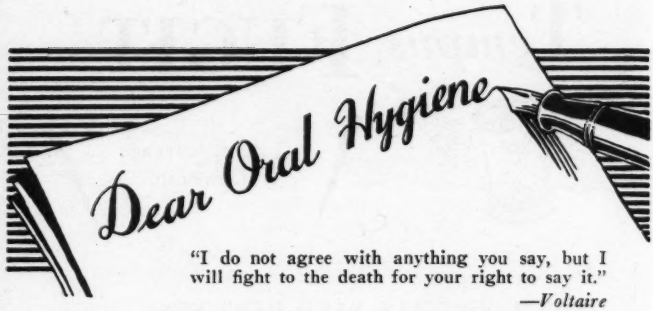
HOSPITALS NEED DENTISTS

While some progress is constantly being made as more hospitals add dentists to their staffs, there is still so much improvement to be made that Dr. Andrew J. Flanagan's article written twenty years ago has a message for today:

" . . . the one great institution which one would expect to do the greatest good for humanity has not produced results commensurate with its ability and opportunity. ****

"A patient enters the average hospital for one of a score of serious operations, to be followed by several weeks, if not months, of slow recovery. Extreme care is employed to prevent septic infection—save the foul condition of the oral cavity. Experience and science of the oral hygienic movement have demonstrated the need of intelligent dental service before many of these operations. The use of the scaler, toothbrush, tongue scraper, swab, and compressed antiseptic spray is needed in many such cases; but perhaps no part of the body is more neglected than the oral cavity, and in many instances no part of the body manifests more strikingly the result of this neglect. In my opinion the hospital has no one greater need of the dental staff than in the proper preparation of the oral cavity before and after operations. ****

"Dentistry is part of the healing art and hospitals need it in diagnosing disease of dental origin. The twentieth century has demonstrated that serious pathologic conditions arise from infected glands, interstitial gingivitis, nonerupted teeth, dental cysts, dental abscess, caries, and necrosis. There is no greater list of troubles to ordinary humanity than the one headed neuralgia. A very large number of so-called facial neuralgias are of dental origin. The x-ray has been a boon to humanity and medicine; yet the one great need in the majority of cases is someone to read the picture, and I believe that dentistry can tellingly read some of dental origin."



"I do not agree with anything you say, but I will fight to the death for your right to say it."
—*Voltaire*

TO DOCTOR CLAPP

I have re-read your four articles in ORAL HYGIENE,* including the one in the December issue.

Some of the references to the younger practitioners in dentistry are certainly applicable to me. I graduated in 1924 and immediately began practicing dentistry in this community of 18,000 people. Not until this year have I known what it means not to have my time completely filled with appointments in the office.

My postgraduate work and reading have been confined to purely technical subjects in dentistry, with the exception of the Bosworth course in dental economics.

It goes without saying that my training in salesmanship in dentistry has just begun, and I thank you a thousand times for the ORAL HYGIENE articles and all your articles in *The Dental Digest* for 1929, 1930, and 1931, which I am now reading.

I regret that not until recently was I able to appreciate the wisdom of your writings.

The significance of this line from your "Farewell as Editor" in the December, 1931, issue of *The Digest*: "If we learn to tell dentistry's story well, we can make our future about what we like," has impressed me and I want to do it in its broadest meaning. — GEO. C. SMAHA, D.D.S., *Grand Island, Neb.*

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A CORRECTION

In the December, 1932, issue of ORAL HYGIENE* there appears an article by Dr. Morris Gruenebaum, entitled "The Making of Facial or Body Casts." As the sole distributors on the North American continent of Negocoll, Hominit, and Celerit, the materials mentioned in this article, we are naturally very much interested in it.

However, there are certain statements made in the article

*ORAL HYGIENE, September, 1932, p. 1646; October, 1932, p. 1860; November, 1932, p. 2040; December, 1932, p. 2203.

*ORAL HYGIENE, December, 1932, p. 2216.

which, because of the patent rights and the arrangement of merchandising rights might cause serious misunderstandings between the different firms involved. It is with the idea in mind of obviating such misunderstandings that we wish to correct some of the impressions created by the article in question.

For instance, a footnote on page 2216 states "Negocoll is an impression material which is similar to Dentocoll." Negocoll is not an impression material as dentists understand the term; that is, it cannot be used for taking impressions in the mouth. In that respect, as well as in several others, it differs from Dentocoll which is an impression material which was developed expressly for taking impressions in the mouth, whereas Negocoll was developed especially for all impressions outside of the mouth. Naturally, because of this, the chemical and physical properties of the two materials are in some ways very different.

The article also states (page 2216, second paragraph) that "Negocoll is still in the experimental stage." Negocoll has been past the experimental stage for some time and has proved its unsurpassed qualities for the reproduction of three-dimensional bodies, beyond a doubt. Its general acceptance in various scientific fields is proof of this fact.

The article says, too, that only one book has been written and published on Negocoll and its uses, and as it is in German, the information it contains is not available to many. In this connection we would like to bring out the fact that besides this book, "Das Pollersche Abform-Verfahren," a 216-page volume, written in German, there are pamphlets in English by Kern Company (distributors of Negocoll, Hominit, and Celerit on the North American continent), as well as articles and reprints in English, and pamphlets in almost every language of the civilized world.

At the bottom of page 2218, second column, it says, "In reproducing a profile, the ear and nose are formed separately. The nose piece is removed and two holes cut in it for air passages. It is then replaced." It is not necessary to cast the nose separately. The nostrils can be left open until the negative is completed, so that breathing of the model goes on in the natural way.

Page 2220, next to the last paragraph, reads: "In either case the model will have to be retouched." It is rarely necessary to retouch the positive because of defects unless the modeler is very inexperienced.—KERN COMPANY, *136 Liberty St., New York City*

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INSURANCE AGAINST ACCIDENT

Accident insurance is a subject that I have not seen discussed in ORAL HYGIENE and I hope my experience will be of

some advantage to a number of dentists.

About ten years ago or less I bought some accident insurance. I had never been hurt so the agent had difficulty in selling it to me; but I did take a fifty dollar a week policy.

A year or so later I happened to have a tussle with a patient while he was under gas and sprained my back; the net result was that I received about one hundred dollars.

Last year while getting out of my car I stepped on a round stone and sprained my ankle badly. The insurance company paid me almost one hundred dollars.

After these experiences, I increased the policy to one hundred dollars a week and this summer while swimming I ruptured an ear drum which paid me $168. While the ear drum was healing I then ruptured a leg muscle, an accident which will probably cost the insurance people around $1,000.

These concrete cases show that it is well to have protection, and, while no one cares to be injured for money, yet at the same time—and I might say in "hard times"—it does not come amiss to get this money in the event of injury. One never can tell when $100 a week will come in handy in the event of being unable to carry on. This may not seem interesting to men who get that much a day, but one can get by to some extent on it.

To those who take accident insurance, may I suggest that it will be very unwise to get hurt and tell your friends that you are collecting insurance; it seems to arouse pangs of jealousy (whatever that is) and they all think your trouble is a big fake.

If some one else had written this article I would think that he was exceedingly clumsy, having all of these accidents; but it just shows that you never know when you may be unfortunate.

Accident insurance pays big dividends if you get hurt.—C.

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REPLYING TO DOCTOR LYNCH

I was interested in reading Dr. J. A. Lynch's defense* of dental manufacturers and commercialized dental magazines. He says he has had several years experience as a dealer, and, therefore, he knows.

I confess that I have not had any experience on the selling end, but I have been buying for 24 years, and naturally look at it from that angle. Other dentists almost invariably see this problem from the same angle. Of course we know that in times of depression when the dentist is losing money, the dental dealer and manufacturer are losing too, but, as far as we can see, practically the same prices that held in flush times hold now. We cannot see that any concession has been made to the dentist.

No one will weep crocodile

*ORAL HYGIENE, August, 1932, p. 1526.

tears at the sad fate of the dental manufacturers. As for the dealers, we personally have many good friends among them who are in it as a cold-blooded business proposition. None of us, I am sure, are unmindful or unthankful for any favors received from them. We should continue to keep an open mind on this question. Personally I would welcome a series of articles by dental manufacturers, explaining the why and wherefore of the present high prices. It is certainly due the profession to know.†

I wonder how many will agree with Doctor Lynch that we are indebted to dental manufacturers for a large part of our dental education. If that were true, we might just as well admit we are nothing but tooth plumbers and carpenters. It is true the profession has been helped along certain technical lines by the manufacturers, but dental education is too broad a term to be confined within any such narrow limits. We will just here quote from an article, entitled "The Present Status of Dentistry as a Profession" by Dr. H. E. Friesell, dean of the Dental Department of the University of Pittsburgh: "The questionable private classes, study courses, clinics, etc., given by supply houses, even by laboratory organizations, are evidences of a wave of commercial exploitation that has been undermining the morale and the standards of our profession for some years. Unless such things can be abolished, dentistry will degenerate and must lose caste as a reputable profession."

As for the dental magazines, we have had a rather close connection with these over a 24-year period in contributing to them, and in the study of current dental literature. On this point we cannot do better than quote again from the same article by Doctor Friesell: "Our dental magazines have increased in number, but their quality and seriousness of purpose are far from what is to be expected of a profession ninety years old. The survival of the trade journal, the 'house organ' with its frequent insults and impertinences, the paucity of professional journals, the large amount of worthless material that is published, the lack of a selective process of matter for publication—all reflect little commendable improvement in dental literature."

In conclusion, we would suggest Doctor Lynch read this article by Doctor Friesell very carefully. He might discover that there are some who do know of what they write.—JOHN WILLIAM DORLAND, D.D.S., *Pasadena, California*

†Questioned about prices, dental supply manufacturers point out that dental prices did not rise with general commodity prices; catalogues issued so long ago as 1911 are produced to show that twenty years ago prices were the same, or higher, for numerous standard items, from burs and cement to teeth and vulcanite rubber. Dental manufacturers feel that they should not be expected to deflate what was never inflated.

W. Linford Smith
Founder

ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D.
Editor

YOUR LETTERS!

CONSTANTLY a stream of letters flows across this desk.

They are all from you.

They are all interesting.

Nothing in life has ever more keenly aroused and quickened the zest for the great adventure of living, and striving, and serving than these letters of yours. They tell so many things about you; not only by what they actually say, but also in the way it is said; not only in what is deliberately set down, but also by what is omitted.

It is as if—between the lines of actual words—there were special messages written in a peculiar magic ink which, hardly visible at all when the letter is received and opened, becomes, as the reading progresses, more and more easily legible—finally disclosing a far more interesting message about you than anything which you have set down in black and white!

Somehow the *real* idea—the one which was in the background of your mind—has recorded itself in this magic interlineation, and this, in the final analysis of your writing, proves to be by far the most interesting part.

Here is a communication which clearly reveals a strong and splendid mind; one which thinks keenly

and proceeds logically from step to step in attacking any problem whatsoever.

Another has a half-hidden humor in the way of approach.

All such pleasant episodes are passed on to the entire ORAL HYGIENE family as speedily as possible so that you may all share in the joy and satisfaction which comes from the reading of such messages.

These letters speak between the lines of well poised personalities—people you would like to meet—to invite to your home over the week-end!

There are also the other kind—equally interesting and revealing, but carrying messages—both expressed and implied—of a far different sort.

In some of these you are disturbed over an alleged situation wherein the public does not "recognize us" in a way which satisfies you. Quite often you seem deeply disturbed because "unethical" men continue to find ways in which legally to offer their services, thereby seriously endangering the health outlook of the public.

Rather frequently you are somewhat peeved because of a limited income resulting from your personal efforts.

You often resent the fact that a license to practice your profession in one state does not entitle you to do likewise in *any* state. (In this case the word "any" usually means California.)

If I am to take your word for it, your local or state society has, in many instances, been rather slow to recognize the merits of some of your ideas, and "steam-rollered" or "pigeon-holed" them—depending on whether a verbal or written form of presentation was used.

The foregoing are the principal situations which

you set down in plain words—all that you really intended to convey in these letters of yours.

What emerges into plain view as these letters are read?

Well, usually, the fact that you were "sore" when you wrote! Something was either acutely or chronically wrong in your personal universe. You were trying to place the blame on *something*—a "letter to the editor" might help—it is to be hoped that it did!

Again you often show all too plainly a lack of concentration on the matter immediately in hand. Your letters ramble off into irrelevancies and pet ideas or "peeves" of your own which help the presentation of your main subject not at all—quite the reverse in most instances.

The lack of concentration or inability to train your mental faculties on a major objective and steadily hold them there is a serious fault which you have revealed with an open simplicity which would be amusing were it possible to overlook its probable serious results to yourself in all sorts of ways—all of them undesirable to yourself.

Often it is quite evident that you deeply and sincerely believe that the remedy which you are proposing would largely overcome the trouble or defect which you are attacking. (In a vast majority of such cases the remedy which you propose is only another form of one which has already been tried—and found seriously wanting in any practical value.)

In these cases you have unconsciously revealed your own lack of knowledge.

Very often a great deal is learned about some of you before your letters are opened, or a word of what you have told is read. The address on the letter is imperfect or illegible, the stamp is stuck on at a careless angle, the sheet inside crudely and carelessly folded.

In such a case you have conveyed the information that your office is probably musty and uninviting; that

most of your burs are so dull that you yourself would flee in terror were any dentist to place one of them in a handpiece and propose to prepare an occlusal step for a gold inlay in one of your own bicuspids.

In your complaints of matters in your local or state societies you unconsciously include a rather amazingly frank presentation of personal jealousy and enmity —readily enough discernible to anyone except yourself—the man who, somehow, told far more than he intended.

It would be easy to go on and tell back to you many other things which you have, all unconsciously, revealed about yourselves, but the space is running short.

We are all very human occupants of a very human world. In addition to this fact: we *are* the dental profession. Aside from ourselves—the rank and file of its membership—it has no actual existence. On our shoulders rests the full responsibility for the conduct of affairs today and all hope of fulfillment for the dreams of a fairer tomorrow.

This profession which we love will be respected and recognized in exact and merciless proportion as we ourselves respect it. The public—to whom alone we are finally responsible—will be served only as well as we individually serve it.

The unethical practitioner will vanish utterly from the earth the exact moment that each one of us has personally seen to it that we do no unethical thing—and no sooner.

Those in control of our dental societies and state boards will be actuated by high and unselfish motives the very day that we as individuals put away personal jealousies and unwarranted ambitions from our thoughts.

We—the rank and file—are the dental profession —and not alone in the letters which we write or the casual conversations which we daily hold with our fellow men do we unconsciously reveal more of our-

selves than we ordinarily realize—but in our every smallest matter of conduct and deportment we, in some measure, show forth the manner of person we really are.

It requires no seer, no gift of second sight on the part of the world at large to read and evaluate these numerous messages regarding ourselves which we continually and unconsciously send out.

The world and his wife note us as we pass, keep their eyes on us as we move among them, and, in the main, quietly and unceremoniously assign us to a rather small niche in the general scheme of things.

And, if we are fair in our estimates, we can usually sense the fact that the world and his wife are, as a rule, not far wrong in their conclusions regarding us.

DENTAL SOCIETY MEMBERSHIP

AS social organization of all sorts advances, the individual steadily lessens in importance — to everyone—except himself!

The ramifications of this inescapable fact touch every relationship in life.

Perhaps no loneliness in all the world is equal to that which well nigh overwhelms each of us when we find ourselves entirely alone in a great hotel in a great city. In our individual estimation we are no whit less important than usual—but to everyone else we closely approximate a perfect answer to the age-old search of scientists for the absolute zero!

Similarly there is no lower moment registered in the life of any professional man than that experienced when "on his own" he announces to an entirely preoccupied and highly indifferent world that he is a doctor of some standard variety.

It is at just this low moment in the life of the young practitioner of *any* profession that the strong right arm of a welcoming organization of real brothers should be placed about his shoulders. Without any

bunk or hypocrisy he should be genuinely welcomed and "invited in" to the local group. The *form* which the greeting and the invitation takes is of no consequence, but of the *genuineness* there must be no room for doubt.

Many approaches can be used. The big thing is to make the newcomer feel that his presence in his chosen new environment is not in the least resented—that, in all probability, his coming will turn out to be a bit of good fortune for all parties concerned. This, in truth, is usually the case where a proper spirit of professional good fellowship and understanding is maintained.

So much for the duties devolving on the "organization" as related to the new recruit. However, as all human relationships are reciprocal, there remains to be considered the attitude of the recruit himself toward the older men in his chosen profession and the organization which they have created and are maintaining.

Not all comments overheard among younger men are intelligent and tolerant toward older members of their calling. Hard names are often applied to those who have carried on for years—and all too frequently are statements made to the general effect that "the society" is a close corporation run by a bunch of mossbacks who wouldn't speak to a younger man, or, in any case, stoop to recognize a new idea if it were carefully presented.

Needless to say, the young man who allows such things to register finds the going difficult in any new community.

The facts in the case are usually something like this:

The older men are *not* indifferent, or high hat, or in any way bent on maintaining a close corporation in their organization. *Only* from years of experience they have acquired the rather tragic knowledge that only a few men will actually work—accept and dis-

charge responsibility—and keep the organization going.

By the simplest process of elimination in the world the few men who *will* work presently *have* to work—and soon their activity is pretty well taken for granted by the general membership—each of whom is too busy doing something, to himself more interesting than actively promoting the welfare of the local or State organizations.

The above is the usual picture. It is into such a group that the new recruit, in practically any location in any profession, must find his way.

The organization must do its full share. Through its membership committee it must seek out the newcomer, bid him welcome, present to him a truthful picture of the advantages of membership, and make him feel that he is genuinely welcome in a community which is presently to feel itself definitely richer and better off in the matter of professional ability because of his arrival.

The younger man, on his part, must recognize the true state of affairs regarding the older men among whom he has seen fit to cast his lot. These he should never regard as moss-backs or has-beens. The practice of any profession is a fearful and terrible thing to grapple with year after year. Its inexorable demands often leave deep scars which, while highly honorable in themselves, are shown only with the greatest reluctance by those who bear them.

Net professional ability defies analysis.

Not that lawyer who knows the most "law" wins the most cases, and has the highest standing among the laity.

Not always the physician who passed the most brilliant examination before the State Board turns out to have that indefinable "something" which causes the sun of hope to burst through the clouds of sickness and soul discouragement.

That mild mannered rather elderly man in the den-

tal society who perhaps rarely discusses the latest paper on anatomical articulation or pulp canal technique, may have a power of graphically presenting that glorious sense of personal well-being which comes as a natural consequence of the possession of a sound set of teeth in healthy gum tissue. This ability would be worth thousands of dollars to a younger man—could he only acquire it—and, ten chances to one, the older man would be immensely flattered and interested in a sincere effort to *try* and impart the knack of that presentation if only approached and given the opportunity.

All grades of all professions are composed of very "human," human beings. They have the same failings, the same good points as all others of the species; but perhaps—beyond any other groups of men, saving only those interested in "pure science," whatever that may be—they share in common a headlong devotion to, and enthusiasm for, their chosen life work.

This common flame in the soul of each makes them singularly akin. Only a minimum of opportunity and effort should ever be required to unite all ages and grades into smoothly functioning and mutually beneficial societies in which each is *really* brother to all.

LICENSE RECIPROCITY?

THIS many sided question, like Banquo's ghost, refuses to abandon the scene.

Probably not since the amalgam war, of long years ago, has anything so completely divided the dental thought of the United States. Yet the matter is not difficult of presentation, and the arguments which the pro's and the anti's present are founded on facts.

What, then, is the trouble with the whole question? Why has it not yet been solved on a nation-wide basis? Chiefly, because it necessarily involves an attempt to

reconcile the abstractions of clean-cut justice with the sordid and age-old frailties of human nature!

Theoretically, a man who is licensed and qualified to perform dental operations in Maine or Massachusetts is *equally* qualified, and should also be licensed, to perform similar operations in Arkansas, or Illinois, or any other state in the Union.

Teeth are obviously the same throughout the entire nation, and ability to care for them is not affected by distance from the north pole, the equator, or any ocean which washes either the rock-bound coast of New England, or the star-infested shores of California. A licensed dentist is a licensed dentist, no matter where, or under what environmental conditions, he may occur. *Q.E.D.*

So much for the abstract matters of ideal justice and pure theory.

However, upon introducing the other ingredient—the human nature and frailty part of the problem—the picture changes suddenly, and the matter of abstract justice is forced largely into the background by the logic of cold facts!

These are touched upon by the letter of Doctor Van Valkenberg, of Ohio (which appeared in the February issue of ORAL HYGIENE), who speaks from personal experience regarding the subject on which he writes. However, the experiences of many other men might be cited to prove the following facts.

Men who are highly successful in the conduct of their practices *usually* do not long for a change of location. When such men decide, for some good and sufficient reason, to change the place of their activities to one in which no dental license reciprocity is in force, they encounter no really serious difficulties in obtaining a license in the new locality. (As Doctor Van Valkenburg points out, State Boards are composed of fair-minded men who are usually far above the influence of personal selfishness or local state jealousies.) The problem of the successful and

prominent practitioner who desires a change of locality obviously presents few difficulties.

It is the person of meager or indifferent ability, scarcely able to maintain himself in the locality in which fate or his ancestry has placed him, who vaguely wonders if it "might not be better in California, or Colorado, or Arizona, or Florida." And, from the standpoint of this vague seeker for greener pastures, it may be definitely stated, without fear of successful contradiction, that the greenest of these supposedly greener fields is *California*!

At least twice as many men of the caliber just described seek a transfer to California than to *all* other States in the Union *combined*! For practical purposes it might *almost* be said that this whole problem simmers down to one of figuring out ways and means whereby every dentist in the United States of America who is not quite able to make the grade where he *is* can—without any real trouble to himself beyond that of buying a railroad ticket or a few gallons of gasoline—"take a shot at California!"

A few of the less ambitious, it is true, might content themselves with an attempt "during the season" in Colorado, or Arizona, or Florida, but not many. "California, here I come!" is the almost universal hunting cry of the dentist who becomes afflicted with professional wanderlust. Everybody who has had actual contact with the stern realities of this problem knows that the facts are as stated.

Such being the case, it is easy enough to forecast what would happen—in a practical human world—if all dental licenses were good in all states of the Union. An exodus from the lower brackets of our profession would speedily be on its way to these Elysian fields. The majority of these men would be well beyond middle age, possessed of a small amount

of capital, and a disease or two which renders "the milder climate more desirable."

And then what?

Fill in the few remaining details—the hopelessly overcrowded professional field, the disillusionment and disaster which would be the well-nigh certain fate awaiting the new-comers, etc., etc.—to suit yourself.

Such is the net state of the present-day problem of exchange of dental licenses in this country.

ORAL HYGIENE has for years held the belief that this problem can and should be solved. That belief still holds; nonetheless, it definitely recognizes the fact that the way toward solution is by no means the simple and direct matter which many would have it appear.

Holding this belief, and in a sincere effort to "get the matter before the House," it offers its pages, and the advantages of its nation-wide circulation, for discussion and constructive suggestions bearing on this whole matter.

Letters should be brief and to the point.

EMERGENCY DENTAL CLINIC

A survey of the school children in Two Rivers, Wisconsin, revealed that seventy per cent of the 936 children whose parents could not pay for dental service were in need of immediate dental attention.

The local Associated Charities established a clinic in a central school. Equipment for the operating room was donated by manufacturers and dealers; the Associated Charities provide the materials. The work is done by the six dentists of the city who each donate a half day a week. The necessity and the importance of the work being done are recognized; and soon a full-time, trained dental assistant will be added to the staff.

Records of all dental work done are kept and the clinic is being assisted much by the interested cooperation of the local Board of Education and Superintendent of Schools.

"Literary Digest" Quotes Dental Editors

LAST month, in its issue of February 4, *The Literary Digest* reviewed the nutrition research of Dr. and Mrs. R. Gordon Agnew. Three dental editors whom the magazine had interviewed were quoted.

"Inquiry among the dental journals," says *The Literary Digest,* "reveals the fact that, while the Agnews' discovery may be a 'milestone,' it is only one, and there have been earlier milestones along the same path."

New York newspapers had, according to Doctor Agnew himself, printed misleading and sensational accounts of his work. He expressed his regret that this had been done.

According to *The Literary Digest*, Dr. C. N. Johnson, editor of the A.D.A. *Journal*, believes that the Agnews have done a "creditable piece of work," but one that is "nothing revolutionary."

Dr. George Wood Clapp, former editor of *The Dental Digest*, is quoted by *The Literary Digest* as saying:

"I am not trying to belittle the work being done by Doctor Agnew, but there is just as important work going on right here in New York. Vitamin D, while valuable, is insufficient unless combined with vitamins A, B, and C; phosphorus, too much, or out of balance, or lacking in the diet, is harmful rather than helpful. The thing to guard against is playing up the fact that these are new discoveries. They have been known a long, long time."

The Literary Digest reports that Dr. Edward J. Ryan, "present editor of our dental namesake," stresses the previous work done in this field by Dr. Weston A. Price of Cleveland.

Doctor Price is given credit for his research in the Agnews' paper, published in the February A.D.A. *Journal.*

The Agnews' report, says *The Literary Digest*, "gives due credit to earlier workers in this field from 1917 to date, and, after detailed description of the experiments, gives these conclusions:

"1. Dental caries can be produced and prevented in laboratory animals at will by dietary means.

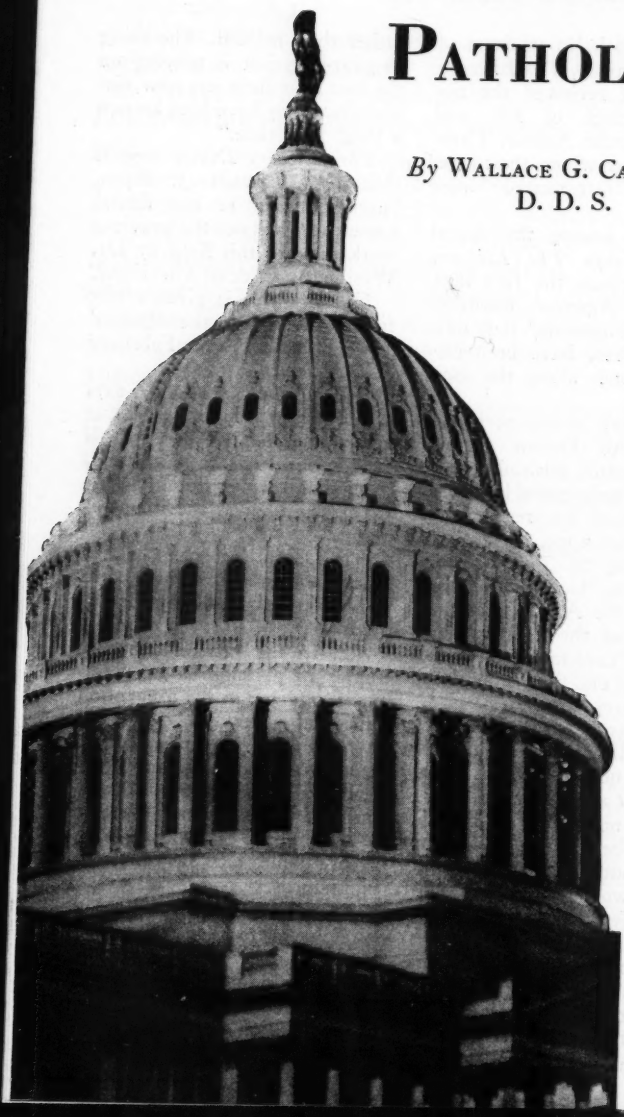
"2. In the rat, an adequate supply of phosphorus is an important factor in the prevention of dental caries.

"3. In the rat, an adequate supply of vitamin D may prevent or delay the onset of dental caries. In this animal, the rôle of vitamin D is not of such great importance as that of phosphorus.

"4. In man, the addition of vitamin D to diets previously considered adequate in all respects, including phosphorus intake, is an important factor in the prevention of dental caries."

Political Pathology

By Wallace G. Campbell, D. D. S.



THE action taken by the electorate of this republic on last election day indicates that the people are not at all convinced that our present economic woes are entirely due to conditions abroad. Rather, it implies the belief that something is rotten, if not in the state of Denmark, at least in the politics of our own country.

Even dentists should begin to realize that there is, at the present time, a problem of much greater consequence to study than a new denture method or casting technique if we are to survive as a class and as a nation.

Nero fiddled while Rome burned, and the ruins of his empire fell, crashing about him. Fortunately for us, our governmental structure is still intact; but no observer who has watched the proceedings at our national seat of government during the past few years will complain that we are lacking in fiddlers.

During the recent political campaign we witnessed the spectacle of two famous men—one the president of the United States, the other the governor of perhaps our most important state, both candidates for election to the highest office in the land—rushing back and fourth across the country, each giving voice to the highest praise of himself and his party and saying very uncomplimentary things about his opponent and opposing party.

These two men were but following long-standing established precedent and playing the game according to the rules; but one may at least not be blamed for feeling thankful that he belongs to a profession to which the word *ethics* has a real meaning.

Imagine two great surgeons, both desiring the position, let us say, as head of a great hospital, or like institution, leaving their patients to the care of others while they enter into a campaign of ballyhoo and detraction in their efforts to land the job!

The average dentist is by no means a saint, but at least he seeks to advance only through honest effort. His greatest fault is that he lives too much apart from the world in general. Busy with the problems of his profession, and despising the meth-

"The average dentist is by no means a saint, but at least he seeks to advance only through honest effort. His greatest fault is that he lives too much apart from the world in general. Busy with the problems of his profession, and despising the methods and associations of practical politics, he leaves to less scrupulous hands the task of government."

ods and associations of practical politics, he leaves to less scrupulous hands the task of government.

It is this attitude on the part of himself and others of like nature that is contributing to the development of a situation that is threatening our destruction. An emergency has existed for more than two years, but no intelligent effort has been made to meet it. No one in authority has dared to take any decisive action without first considering the effect it might have on his political fortunes. Political mountebanks and charlatans have offered their quack remedies, but the radical surgery that is necessary for the cure of this pathological condition has hardly been mentioned.

We should not judge too harshly our representatives in government, for they are but what public indifference and an antiquated political system have allowed them to become. Yet, on the other hand, we cannot afford to tolerate much longer the evils that have grown out of the incompetence, greed, and wasteful extravagance that such a system permits.

Why should not a man seeking or holding public office answer to as strict a code of honor as does one engaged in the practice of medicine or dentistry? We condemn unethical practices among ourselves; yet fee splitting, deplorable as it seems, is lily-white purity compared to the patronage system by which our representatives in both houses of Congress and other elected officials build and maintain their political machines at the taxpayers' expense.

There is scarcely a dentist in practice today who has not been seriously affected by the depression, and many have had their practices utterly ruined by the shutting down of large industrial plants. This same thing is equally true with physicians and men of other occupations.

When one finds one's very right to live challenged, it is certainly time to take steps, both defensive and offensive.

It is not unlikely that business conditions may soon show some improvement, partly due, perhaps, to some of the remedial measures that have been or soon will be adopted. But no country or community can be enduringly prosperous and contented whose income is less than its expenditures. The task for members of our profession and all unselfish, clear-thinking persons who have the welfare of their entire country at heart is to begin working at the problem of eradicating the evils of our governmental system with the same calm unprejudiced mind and painstaking care which characterize the physician who is working to eradicate disease from the human system.

Sunman, Indiana

Hopes for TOMORROW*

By ARTHUR G. SMITH, D.M.D., F.A.C.D.

WE have already noted many interesting facts regarding the teeth of this ancient people. We have studied in some detail, though briefly, differences in the manner of occurrence of caries, etc.; we have seen evidences of the beginnings of a so-called degeneration of the third molar.

There remains for our consideration a study of general mouth conditions. The oral hygiene picture of that far-off day? What was it like? What can we learn from its reconstruction that will be of value today—tomorrow?

These teeth and jaws show at a glance the unmistakable evidences of an utter lack of care. Next to the excessive abrasion already noted should be mentioned the presence of large amounts of salivary calculus (tartar). In many cases this heavy deposit is still in position just as it was during the life of the individual. In other cases some of the deposit has been chipped or jarred loose from the tooth, and its former attachment can be deduced only by the presence of a smooth clean appearance on that particular tooth surface where once (a dozen or so centuries ago) the calcareous deposit clung.

In location and character these deposits differ materially from the ones we are accustomed to seeing. Even in totally neglected mouths it is, today, decidedly unusual to encounter a heavy, dense deposit of tartar on the buccal and labial surfaces of *all* the upper teeth. With the ancient Mound Builders such a deposit was decidedly the usual thing. Indeed, it is scarcely too much to say that a set of teeth entirely free from tartar can be found only in the cases of very young children whose teeth were in use only a short time before death overtook them.

This is the picture so far as salivary, or obvious, tartar deposits are concerned. What of the deeper and far more dangerous "serumal" deposits? What of the occurrence of pyorrhea?

These questions do not admit of so definite and so ready

*This is the third and concluding article of a series dealing with lessons to be learned from a personal study of a prehistoric people.

In the first, a general foundation was laid; in the second, the jaws and teeth were considered. Here we turn to the important and interesting matters of diet and general mouth conditions.

From facts presented, definite conclusions are drawn as to what may be hoped for as we advance along the path of oral hygiene.

A particularly good view of the earthen bowls or pots. Note also the clam shells which were usually placed inside the bowls. There were undoubtedly used as spoons or ladles. NO METAL WHATEVER *has ever been found in these mounds.*

The unusually heavy mandible to be seen on the complete skeleton near right center of this picture is characteristic of this race.

answers, as a moment's reflection of the physical facts involved will readily show.

The edentulous spaces frequently seen can of themselves shed little or no light on the direct *causes* of the tooth destruction which preceded their occurrence. Whether slowly exfoliated after the destruction of the crown by caries, or cast out bodily in a sound condition, the appearance of the resulting blank space would be the same regardless of the pathological cause.

Undoubtedly, the best clew to the truth on this point is to be found in those numerous cases in which heavy deposits encrust practically all gingival borders of an entire denture. Even granted that such deposits have taken place with great rapidity, it would obviously require several years for such a dense incrustation to form. In these cases the teeth are seen to be still well surrounded by excellent bone which hugs up closely to the invading calculus.

In other words, these heavy calcareous deposits did *not* universally produce either rapid loosening of the teeth or pyorrhea. Undoubtedly, the final answer to this question of the prevalence of pyorrhea (which existed in many cases) must wait on an examination more minute and detailed than ours has been. It is doubtful if it can ever be answered with the same definiteness as can those questions pertaining to caries; for, obviously, the positive stigmata of

An attempt to secure a "close up" of a dental deformity some two thousand years old. This individual had a nearly perfect set of teeth on the upper jaw. A bicuspid has undoubtedly been broken off in the excavation, but the left upper central is partly rotated and everted.

pyorrhea are such that they have been far more readily obliterated by the passing centuries.

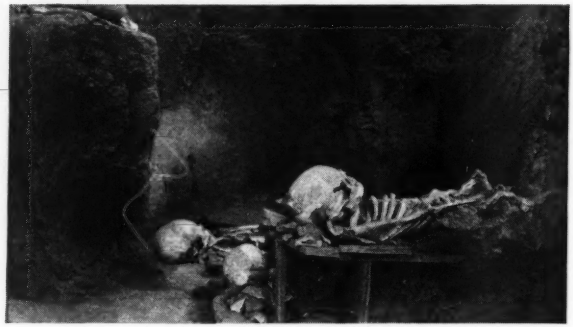
A few facts, however, are clear. *The total neglect, in the matter of what we of today call "tooth care," to which these teeth were universally subjected did not cause them to fall easy and rapid victims to either caries or pyorrhea.*

Observations as to diet and the mode of life of these people should be made before we sum up our study. Of only one outstanding fact can we be absolutely certain. The diet of these people must, in the main, have been of an extremely coarse or gritty nature, for in no other way can the excessive and universal wear be accounted for.

To just what degree this single fact of hard use is responsible for the low incidence of caries and pyorrhea will probably never be known. Totally edentulous jaws are very rare, and it is a self-evident fact that most individuals died at a comparatively early age. Had people in that far remote time lived to those last decades of our present-day span of existence, they would have been most miserable, for their teeth would have been either entirely worn out or they would have been a jumble of ill-assorted snags—painful and hideous in the extreme.

What of the lessons regarding oral hygiene, and the application of the facts already noted to the problems of today and tomorrow? Here is a most interesting field for study and on it many of our observed facts have a direct and important bearing.

No fair-minded dentist, or similarly qualified person, after



A group of skulls buried very close together and on two levels. The wooden framework under the skull nearest the camera was put in to support the skull in its natural relationship to the remainder of the skeleton.

Throughout this entire area the bodies are so closely packed in, and at such varied angles, that it has been impossible either to uncover ALL *the bodies within the area or, by the exercise of almost superhuman care, to avoid more or less disturbance of one set of bones while seeking to uncover another.*

having critically reviewed these specimens, can for a moment doubt that they furnish definite and final evidence regarding certain phases of tooth salvation.

Our problems in the line of oral hygiene should find matter of the very highest importance in the following facts which may be regarded as fully and finally established by the ample evidence which we have been considering:

1. These people lived on a diet and followed a mode of life which produced splendidly calcified teeth, well set in large and "roomy" jaws.

2. Their teeth were covered with heavy enamel which was quite often subject to deep pits and fissures. In such places true caries *did* often occur.

3. Due to hard usage or coarse foods all dentures rapidly wore down. Their rapid wear as a by-product caused the so-called contact point soon to be even with the occlusal surfaces, almost flat, and nearly as broad as the adjacent teeth. In spite of all this, approximal decay, as we see it today, was almost non-existent.

4. Lack of care did *not* result in excessive tooth decay or the common occurrence of pyorrhea. (Stated in another way: A diet and a mode of life which produces strong and well calcified teeth are shown to be a far greater barrier against dental

disease than all the brushing, etc., yet discovered.)

5. The third molar was already giving more than its share of trouble and for no apparent reason.

6. So far as can be judged, if, in addition to the dental blessings which they actually possessed, these people could have had the benefit of even the simplest and most rudimentary dental care, their teeth would have remained almost perfect through an ordinary lifetime.

Such, in brief, are the lessons which these fleshless jaws speak to us across unnumbered centuries. Lips long since crumbled to elemental dust retain today the power to teach us. From out the very vastness of their silence we may learn definitely more of profit than will perhaps ever be gleaned from all our rabbits, rats, and guinea pigs.

Let us listen to these clear and final words: "Diet, mode of living, hard use, far overtop in importance all niceties of care. Brushing and mouth washes! These are important chiefly—perhaps only—because of a more or less sophisticated demand of later-day civilization, but far preceding them in elemental effectiveness are the age-old matters of nutrition, assimilation, the open air, and the zest, forever inherent, in a free life."

532 Jefferson Building
Peoria, Illinois

DIVERSIFIED PROGRAM FOR DENTAL CONGRESS

The success of any dental meeting depends upon the excellence and diversity of the scientific program. This thought has dominated the activities of the committee preparing the program for the Chicago Centennial Dental Congress.

In addition to the formal presentations there will be more than 1,000 clinics offered, the largest and most diversified clinical program ever staged. A veritable encyclopedia of dental knowledge and "practical hints" will be available to visitors in this extremely popular mode of presentation.

Detailed information concerning the meeting will be brought to the dental profession of America in the Preliminary Official Program which will be mailed free of charge to every dentist about May 1, 1933.

Replete with illustrations and descriptive matter, the program is expected to tell the story of the Congress so vividly that every member of the American Dental Association will accept the cordial invitation to come to Chicago with his family to enjoy the benefits, not only of this unusual Congress, but of A Century of Progress Exposition as well.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Salesman: "What kind of car would you like, madam, four, six or eight cylinders?"

Timid Customer: "Couldn't I begin with one?"

Flapper Frances (buying present): "I want a pair of squeaky slippers, size ten."

Salesman (amused): "Must they be squeaky?"

Flapper Frances: "Oh, yes. They are for father's birthday. I want them squeaky so my boy friend can hear him coming down the hall."

Mother: "Why are you reading that book on the education of children?"

Son: "To see if you are bringing me up properly."

Diner: "I see that tips are forbidden here."

Waiter: "Lor' bless yer, mum, so was the apples in the garden of Eden."

Speaker: "Who will help the working girls home?"

Voice from the Audience: "I'll help one home, if she doesn't mind walking."

Dad: "My son, who is this wild young lady I hear you're running around with?"

The Son: "Aw, Dad, she ain't wild. She's tame. Anybody can pet her."

Warden: "Well, young man, they're about to give you the juice. Have you any last request?"

Condemned Criminal: "Yeah, make it orange juice."

Dog Catcher: "Do your dogs have licenses?"

Small Boy: "Yes, sir, they are just covered with 'em."

Tommy: "Papa, what is a consulting physician?"

Papa: "He's a doctor who is called in at the last minute to share the blame."

The sad looking guest scanned the menu card with a hopeless air.

"You may bring me a dozen fried oysters," he said at last.

"I'se awfully sorry, boss," the colored waiter apologized, "but de fact is, we's outer all shell-fish 'ception aigs."

An office boy out for a noonday stroll wandered through Trinity churchyard looking at the pigeons, the couples gazing thoughtfully at each other across the ancient graves, and reading the inscriptions on the tombstones.

"Not Dead But Sleeping," read one particularly aged stone.

The office boy scratched his head, meditated a moment, and then remarked:

"He sure ain't foolin' nobody but himself!"

Dental Meeting Dates

Alumni Association, School of Dentistry, University of Buffalo, 33rd annual meeting, Hotel Statler, Buffalo, March 1-3.

Tufts College Dental Alumni Association, midwinter meeting, Boston, March 8.

Thomas P. Hinman Midwinter Clinic, Biltmore Hotel, Atlanta, Georgia, March 13-14.

New York Society of Stomatologists, New York Physicians' Club, 133 East 58th Street, New York, March 21.

Rehwinkel Dental Society, Spring meeting, Eastern Star Temple, Chillicothe, Ohio, March 25.

Southwestern Pennsylvania, 11th District Dental Society, annual meeting, Uniontown Country Club, Uniontown, March 29.

St. Louis University Dental Alumni, annual reunion, University Gymnasium, 3672 West Pine Boulevard, March 31-April 1.

Kentucky State Dental Association, 64th annual meeting, Brown Hotel, Louisville, April 3-5.

Michigan State Dental Society, 77th annual meeting, Civic Auditorium, Grand Rapids, April 10-12.

American Society of Orthodontists, 32nd annual meeting, Oklahoma City, Oklahoma, April 19-21.

Connecticut State Dental Association, 69th annual meeting, Stratfield Hotel, Bridgeport, April 19-21.

Louisiana State Dental Society, annual meeting, Roosevelt Hotel, New Orleans, April 27-29.

Tennessee State Dental Association, 66th annual meeting, Knoxville, April 27-29.

Class of 1923, N. Y. U. College of Dentistry, reunion dinner, Fraternity Club Building, 22 East 38th Street, April 28.

Temple University Dental School, 70th annual alumni day, May 1.

Massachusetts Dental Society, 69th annual meeting, Hotel Statler, Boston, May 1-4.

Pennsylvania State Dental Society, 65th annual meeting and Dental Health Campaign and Exhibit, Bellevue-Stratford, Philadelphia, May 1-4.

Illinois State Dental Society, 69th annual meeting, Peoria, May 9-11.

Texas State Dental Society, annual meeting, San Antonio, May 9-11.

Dental Hygienists Association of the State of New York, 13th Annual Meeting, Hotel Onondaga, Syracuse, May 11-13.

Dental Society of the State of New York, 65th annual meeting, Hotel Syracuse, Syracuse, May 11-13.